

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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June 7, 2016

Ms. Kristin Weivoda, EMS Administrator  
Yolo County EMS Agency  
137 North Cottonwood Street, Suite 2601  
Woodland, CA 95695

Dear Ms. Weivoda:

This letter is in response to your EMS plan submission to the EMS Authority.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Yolo County's 2015 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health and Safety Code (H&SC) § 1797.105(b).

Yolo County received its last full Plan approval for its 2014 plan submission.

Historically, we have received EMS Plan documentation from Yolo County for its 2014 plan submission, and most current, its 2015 plan submission.

The California H&SC § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

### III. Analysis of EMS System Components:

Following are comments related to Yolo County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

- |    | Approved                            | Not<br>Approved          |   |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### 1. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of Yolo County's EMS Agency's ambulance zones.

- |    |                                     |                          |  |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, Yolo County may implement areas of the 2015 EMS Plan Update that have been approved. Pursuant to H&SC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Yolo County's annual EMS Plan Update will be due on or before June 7, 2017.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Backer", with a stylized flourish at the end.

Howard Backer, MD, MPH, FACEP  
Director

Attachment

# 2015 Yolo County EMS Transportation Plan

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	ALS IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Yolo County		X	Competitive Process	X				X	X	X	X	X			



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# YOLO COUNTY EMS AGENCY



EMERGENCY MEDICAL SERVICE ANNUAL SYSTEM PLAN  
UPDATE 2015

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## EXECUTIVE SUMMARY

The following is a summary of changes in the Yolo County EMS System Plan since the last reporting period.

Yolo County EMS has been providing ongoing evaluation of the EMS System since the last EMS Plan was submitted. The major changes include:

### 1.01 LEMSA STRUCTURE

- Increased the number of EMS staff

### 1.18 QA/QI

- Approval of Yolo County QI Plan by EMSA in October 2015.

### 1.26 TRAUMA SYSTEM PLAN

- EMD guidelines
- Submission and approval of Yolo County Trauma Plan in August 2015.

### 2.01 ASSESSMENT OF NEEDS

- Implemented online training for providers.

### 4.05 RESPONSE TIME STANDARDS

- Coordination with other EMS & Fire Agencies.

### 4.08 MEDICAL & RESCUE AIRCRAFT

- Coordination with other agencies.

### 4.09 AIR DISPATCH CENTER

- Contracted with Yolo County Emergency Communication Agency to dispatch the closest available EMS Aircraft.

### 4.10 AIRCRAFT AVAILABILITY

- Local dispatch facilitating notification and dispatch of the most appropriately available EMS Aircraft.

### 4.11 SPECIALTY VEHICLES

- Coordination and Mutual Aid with other EMS and Fire Agencies.

### 5.04 SPECIALTY CARE FACILITIES

- Increased the number of specialty receiving centers.

### 5.05 MASS CASUALTY MANAGEMENT

- Created a new MCI Plan.

### 5.07 BASE HOSPITAL DESIGNATION

- Creation of specialty receiving centers to give direction to STEMI, Stroke, Trauma, and Pediatric patients.
- Coordination

### 6.05 DATA MANAGEMENT SYSTEM

- Developed a system to work with our partners to ensure data receipt.

#### 6.10 TRAUMA SYSTEM EVALUATION

- Mechanism to identify patients who fell outside the established trauma criteria.

#### 7.01 PUBLIC INFORMATION MATERIALS

- Patient's consumer rights in EMS System.
- Health and Safety habits – targets risk prevention.

#### 8.02 RESPONSE PLANS

- Developed a new MCI response plan with coordination from internal and external agencies.

#### 8.07 DISASTER COMMUNICATIONS

- Coordination with other agencies.

#### 8.11 CCP DESIGNATION

- Coordination with other agencies.

#### 8.12 ESTABLISHMENT OF CCP

- Communication between agencies at CCP

## ASSESSMENT OF SYSTEM

### SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Yolo County EMS system meets the State of California's EMS Systems Standards and Guidelines. An "X" placed in the first column indicated the current system does not meet the State's minimum standards. An "X" placed in the second or third column indicates that the system meets either the minimum standard or recommended guidelines. An "X" is placed in one (1) of the last two (2) columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

### SYSTEM ORGANIZATION AND MANAGEMENT

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

#### SYSTEM ORGANIZATION AND MANAGEMENT

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X			
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			

System Organization and Management (continued)



		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
1.11	System Participants		X			
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X		X	X
1.13	Coordination		X		X	X
1.14	Policy & Procedures Manual		X		X	X
1.15	Compliance w/Policies		X		X	X
<b>System Finances:</b>						
1.16	Funding Mechanism		X		X	X
<b>Medical Direction:</b>						
1.17	Medical Direction*		X		X	X
1.18	QA/QI		X		X	X
1.19	Policies, Procedures, Protocols		X		X	X
1.20	DNR Policy		X			X
1.21	Determination of Death		X			X
1.22	Reporting of Abuse		X			X
1.23	Interfacility Transfer		X		X	X
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X		X	X
1.25	On-Line Medical Direction		X		X	X
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X		X	X
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			X
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X			X

## STAFFING/TRAINING

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X		X	X
2.02	Approval of Training		X			X
2.03	Personnel		X		X	X
<b>Dispatchers:</b>						
2.04	Dispatch Training		X		X	X
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X			X
2.06	Response		X			X
2.07	Medical Control		X			X
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X			X
<b>Hospital:</b>						
2.09	CPR Training		X			X
2.10	Advanced Life Support		X			X
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			X
2.12	Early Defibrillation		X		X	X
2.13	Base Hospital Personnel		X			X

## COMMUNICATIONS

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X			X
3.02	Radios		X			X
3.03	Interfacility Transfer*		X		X	X
3.04	Dispatch Center		X		X	X
3.05	Hospitals		X			X
3.06	MCI/Disasters		X			X
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X			X
3.08	9-1-1 Public Education		X			X
<b>Resource Management:</b>						
3.09	Dispatch Triage		X			X
3.10	Integrated Dispatch		X			X

RESPONSE/TRANSPORTATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X			X
4.02	Monitoring		X		X	X
4.03	Classifying Medical Requests		X			X
4.04	Prescheduled Responses		X			X
4.05	Response Time*		X			X
4.06	Staffing		X			X
4.07	First Responder Agencies		X			X
4.08	Medical & Rescue Aircraft*		X		X	X
4.09	Air Dispatch Center		X			X
4.10	Aircraft Availability*		X		X	X
4.11	Specialty Vehicles*		X			X
4.12	Disaster Response		X			X
4.13	Intercounty Response*		X			X
4.14	Incident Command System		X		X	X
4.15	MCI Plans		X		X	X
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X			X
4.17	ALS Equipment		X		X	X
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X		X	X
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X		X	X
4.20	"Grandfathering"		X			X
4.21	Compliance		X		X	X
4.22	Evaluation		X		X	X



FACILITIES/CRITICAL CARE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X			X
5.02	Triage & Transfer Protocols*		X		X	X
5.03	Transfer Guidelines*		X			X
5.04	Specialty Care Facilities*		X			X
5.05	Mass Casualty Management		X		X	X
5.06	Hospital Evacuation*		X		X	X
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			X
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X		X	X
5.09	Public Input		X			X
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X		X	X
5.11	Emergency Departments		X			X
5.12	Public Input		X			X
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X		X	X
5.14	Public Input		X			X

# DATA COLLECTION/SYSTEM EVALUATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X			X
6.02	Pre-hospital Records		X		X	X
6.03	Pre-hospital Care Audits		X		X	X
6.04	Medical Dispatch		X			X
6.05	Data Management System*		X		X	X
6.06	System Design Evaluation		X		X	X
6.07	Provider Participation		X			X
6.08	Reporting		X		X	X
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X		X	X
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X		X	X
6.11	Trauma Center Data		X		X	X



PUBLIC INFORMATION AND EDUCATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X			X
7.02	Injury Control		X			X
7.03	Disaster Preparedness		X			X
7.04	First Aid & CPR Training		X			X

# DISASTER MEDICAL RESPONSE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X		X	X
8.02	Response Plans		X			X
8.03	HazMat Training		X			X
8.04	Incident Command System		X	X		X
8.05	Distribution of Casualties*		X			X
8.06	Needs Assessment		X			X
8.07	Disaster Communications*		X			X
8.08	Inventory of Resources		X		X	X
8.09	DMAT Teams		X			X
8.10	Mutual Aid Agreements*		X		X	X
8.11	CCP Designation*		X		X	X
8.12	Establishment of CCPs		X		X	X
8.13	Disaster Medical Training		X			X
8.14	Hospital Plans		X			X
8.15	Interhospital Communications		X			X
8.16	Pre-hospital Agency Plans		X			X
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			X
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			X
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			X

## SYSTEM NEEDS AND PLAN OBJECTIVES

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- Current status of the Yolo County EMSA system as it relates to the individual standard
- Efforts to coordinate resources and services with other LEMSA's as required by the California EMSA
- Future needs of the Yolo County EMS system as it related to the individual standard
- Objectives for meeting the minimum standard, upgrading towards the recommended guidelines, or improving the efficiency of effectiveness of the EMS system
- Assignment of each objective to the annual work plan, long range plan, or both

The needs and objectives of the EMS Plan are designed to address the EMS Systems Standard and Guidelines. Most of the objectives are written as general statements such as objective 1.01, which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements". Many of these objectives may need to be refined when they are included in the annual work plan, transportation plan or trauma plan.

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

#### **MINIMUM STANDARDS:**

Each local EMS Agency shall have formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:** *meets minimum standard*

Oversight of the EMS Agency is provided by the Yolo County Department of Health Services Director and the EMS Administrator. The agency staff is comprised of a Medical Director who is Board Certified in Emergency Medicine, an EMS Administrator, 1.0 Full Time Employee (FTE) EMS Coordinator, two (2) 0.5 FTE EMS Specialist II, and one (1) 0.5 FTE EMS Specialist I. Other non-agency resources include base hospital medical director, base hospital nurse liaisons, provider QI coordinators, and provider training coordinators.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

To identify staffing, review, and modify job descriptions and employee classifications to keep with the mission and goals of this agency and plan.

#### **OBJECTIVE:**

Develop secure funding sources to adequately finance agency operations and personnel requirements.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.02 LEMSA MISSION

### **MINIMUM STANDARDS:**

Each local EMS Agency shall plan, implement, and evaluate the EMS System. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Yolo County EMS system recognizes the benefits to patient care concerning the regionalization of specialty services. The agency continues to participate in many regional programs with neighboring LEMSA's. The continuing evaluation of the system is being accomplished through the writing of the Yolo County EMS Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure continued evaluation of system performance against established benchmarks. Maintain a system wide CQI plan and process. Develop quality reports based both on electronic data collection and other stakeholder data sources.

### **OBJECTIVE:**

Use the long standing Emergency Medical Care Committee (EMCC), providers, the County CQI Committee, Physician Advisory Committee (PAC), and other review bodies to identify needed system changes.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

### 1.03 PUBLIC INPUT

#### **MINIMUM STANDARDS:**

Each local EMS Agency shall have a mechanism (including EMCC's and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans policies/procedures as described in the State EMS Authority's EMS Systems Standards and Guidelines.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:** *meets minimum standard*

Yolo County has a functioning Emergency Medical Care Committee (EMCC) that reviews local operations, policies and practices. Agency staff meets with system stakeholders on a bi-monthly basis to review and discuss issues affecting the EMS system. All meetings of the respective Board of Supervisors (BOS) and County EMCC's are open to the public with time allocated on each agenda for public comment(s). Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective groups. All policies and treatment guidelines are submitted to all stakeholders on bi-annual basis for public comment draft periods. The agency solicits changes and input from all interested parties.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure that appropriate consumer and health care provider input is obtained regarding the development of plans, policies and procedures. Continue bi-annual public policy review/update procedures.

#### **OBJECTIVE:**

Monitor and mend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.



**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.04 MEDICAL DIRECTOR

### MINIMUM STANDARDS:

Each local EMS Agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

### RECOMMENDED GUIDELINES:

The local EMS Agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS:** *meets minimum standard*

The agency medical director possesses Board Certification in Emergency Medicine.

The Physician Advisory Committee (PAC) has been established. The medical director attends the PAC meetings and communicates regularly and meets weekly with staff.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure medical direction of the EMS system.

### OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's Physician Advisory, and Continuous Quality committees to best meet the needs of the EMS System.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.05 SYSTEM PLAN

### MINIMUM STANDARDS:

Each local EMS Agency shall develop an EMS System Plan, based on community needs and utilization of appropriate resources, and shall submit it to the EMS Authority.

This plan shall:

- Assess how the current system meets guidelines,
- Identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- Provide a methodology and time-line for meeting these needs.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

Completion of this annual plan update fulfills the requirements of this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan.

### OBJECTIVE:

Monitor and amend the EMS system plan, as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.06 ANNUAL PLAN UPDATE

### **MINIMUM STANDARDS:**

Each local EMS Agency shall develop an EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Completion of an annual plan update fulfills the requirement of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Annually evaluate the EMS System Plan to determine progress in meeting the EMS plan objectives and system changes.

### **OBJECTIVE:**

Submit an annual update of the EMS System Plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.07 TRAUMA PLANNING

### **MINIMUM STANDARDS:**

Each local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

### **CURRENT STATUS:** *meets minimum standard*

Out of County trauma designation: University of California Davis, Medical Center (Level I); and Kaiser Foundation Hospital, Vacaville (Level II).

### **COORDINATION WITH OTHER EMS AGENCIES:**

The demographics and geography of Yolo County requires all specialty care planning to be done with adjoining LEMSA systems.

### **NEED(S):**

Ensure the availability of trauma services for critically injured patients by written agreements with adjoining counties trauma designations.

### **OBJECTIVE:**

Continue refining the trauma care system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.08 ALS PLANNING

### **MINIMUM STANDARDS:**

Each local EMS Agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Advanced Life Support (ALS) ambulances are the standard for emergency 9-1-1 medical request in the county.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Mutual aid agreements have been established with Sacramento and Solano County for certain portions of Yolo County responses.

### **NEED(S):**

Ensure the optimal provision of ALS services throughout the EMS system.

### **OBJECTIVE:**

Continue refining and monitoring the ALS Exclusive Operating Area (EOA) system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).



## 1.09 INVENTORY OF RESOURCES

### **MINIMUM STANDARDS:**

Each local EMS Agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Completion of this plan fulfills the requirements of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

YEMSA continues to coordinate the Medical Health Operational Area Coordinator (MHOAC) roles and responsibilities.

### **OBJECTIVE:**

Periodically update the resource directories included in this plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.10 SPECIAL POPULATION

### **MINIMUM STANDARDS:**

Each local EMS Agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers)

### **CURRENT STATUS:** *meets minimum standard*

Identification of special population groups has begun. YEMSA has started to identify users of the EMS system by population groups and services provided. This information will be used for planning, policy development, and provisional services. Feedback will be provided by EMCC, with better target identification of groups, and needs.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

### **OBJECTIVE:**

Identify population groups, other than pediatric, served by the EMS system which require specialized services. Work with other agencies, both county and private to identify and develop care plans for population groups requiring specialized services.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.11 SYSTEM PARTICIPANTS

### **MINIMUM STANDARDS:**

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

### **CURRENT STATUS:** *meets minimum standard*

The roles and responsibilities have been conducted with Base Hospitals, Receiving Hospitals, Trauma Centers, STEMI Centers, Stroke Centers, EOA transport provider, and EMS Air Ambulance providers within Yolo County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform to assigned EMS system roles and responsibilities. Identify funding system for development, monitoring, and QI of the system.

### **OBJECTIVE:**

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue developing mechanisms, such as agreements, facility designations to ensure compliance.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

## 1.12 REVIEW AND MONITORING

### **MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system compliance.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Response time standards are in place with the EOA. The Yolo County EMCC continues to evaluate response, care and transport, and identify system problems and seek solutions. The Yolo County Physician Advisory Committee (PAC) comprised of local and regional physicians monitor and review system operations with a focus on CQI, policy and procedure review. The Continuous Quality Improvement Committee (CQI) comprised of representatives of all system participants focuses on QI, policy and procedure review.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure the continued review and monitoring of the EMS system operations. Work with (Emergency Medical Services Administrator's Association of California (EMSAAC) and the State EMSA to develop standard statewide indicators for EMS system evaluation. Continue to refine the county wide QI activities. Identify funding to support review and system monitoring.

### **OBJECTIVE:**

Implement structural indicators and compliance mechanisms with CQI program. Modify the process of reviewing and monitoring of the EMS system, as needed to include a more active role in the PAC which overseen by the EMCC.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

### 1.13 COORDINATION

#### **MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

EMS system operations are coordinated through written agreements with providers, facilities and counties. Active coordination is achieved by committee involvement around policy and procedure development, and coordination with provider agencies and facilities. YEMSA is working with Region IV for a regional trauma protocol.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure coordinated system operations and identify funding to support coordination.

#### **OBJECTIVE:**

Evaluate the EMS system operations and make changes as need to ensure optimal performance.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.14 POLICY & PROCEDURES MANUAL

### MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### RECOMMENDED GUIDELINES:

None

**CURRENT STATUS:** *meets minimum standard*

A Yolo County EMS Agency policy and procedure manual has been developed and distributed. These policies and procedures are available to the EMS system providers via the agency website, and an app for download on an iOS or Android platform. Our Physician Advisory Committee and Continuous Quality Insurance committees meet quarterly to discuss policy and protocol revision, and to allow for stakeholder input. All policies and procedures go up for a thirty (30) day public comment period before being finalized. Policy and procedural updates happen bi-annually, in July and January.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure the availability of a policy and procedure manual for system providers. Continue posting EMS policies on the agency web site, and on the app.

### OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.15 COMPLIANCE WITH POLICIES

### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as a mechanism to review, monitor, and enforce compliance with system policies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure compliance with system policies through implementation of written agreements, QI program and PAC.

### OBJECTIVE:

Continue to implement compliance mechanisms such as written agreements, QI program for Base Hospitals, ALS providers, BLS first responders, Emergency Medical Dispatch (EMD) centers and Continuing Education (CE) providers. Evaluate and improve compliance with the system policies.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year)

## 1.16 FUNDING MECHANISM

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Service Fund.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

YEMSA has established a fee schedule approved by the Board of Supervisors. Fees include personnel certification and accreditation, receiving and base hospital, EMS Air Ambulance, specialty care including trauma and STEMI.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **OBJECTIVE:**

Maintain existing funding sources and continue to seek alternative or new funding sources.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



## 1.17 MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

Currently there are two (2) hospitals in the EMS system, of which one (1) has been designated as a base hospital.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Maintain the current system of a single base hospital and identify possible alternate base hospitals for medical control in case of a disaster.

### OBJECTIVE:

Implement base hospital policies and execute base hospital agreements as necessary.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.18 QA/QI

### **MINIMUM STANDARDS:**

Each local EMS Agency shall establish a QA/QI program. This may include use of provider-based programs that are approved by the local EMS Agency and coordinated with other system participants.

### **RECOMMENDED GUIDELINES:**

Pre-hospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

### **CURRENT STATUS:** *meets minimum standard*

There is a local CQI process in place. Local QI representatives include: agency staff, provider QI coordinators, hospital QI coordinators, EMS educators and medical directors. The County EMCC is continuing to evaluate response, care, and transport issues and to identify system problems as well as seek solutions.

In October 2015, the Yolo County QI plan was approved by the State EMSA.

Currently, YEMSA is working towards standardizing clinical indicators and outcome measures.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the QA/QI process continues to meet system needs and State standards.

### **OBJECTIVE:**

Continue efforts to refine the formal CQI program including specific clinical indicators and outcome measures. Continue to monitor the performance of the system and amend the QA/QI program and/or processes to meet system needs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.19 POLICIES, PROCEDURES, PROTOCOLS

### **MINIMUM STANDARDS:**

Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- Triage
- Treatment
- Medical dispatch protocols
- Transport
- On-scene treatment times
- Transfer of emergency patients
- Standing orders
- Base hospital contact
- On-scene physicians and other medical personnel
- Local scope of practice for pre-hospital personnel

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

### **CURRENT STATUS:** *meets minimum standard*

Updated ALS and BLS treatment protocols, including sections on standing orders are in place. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, and transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice have also been updated in 2013. Policies on triage and patient destination have been developed. One (1) of the county's EMS dispatch centers provide both pre-arrival and post-dispatch instructions. The other two (2) county EMS dispatch centers transfer the call to receive both pre-arrival and post-dispatch instructions.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue development and revision of policies to meet state minimum standards and recommend guidelines.

### **OBJECTIVE:**

Continue the review and revision of policies, as needed, to meet minimum standards and the recommended guidelines. Continue development of regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.20 DNR POLICY

### **MINIMUM STANDARDS:**

Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

A comprehensive DNR policy based on the DNR State standard was created and implemented in 1993-1994 within the respective counties and was reviewed and updated in FY 08/09. The addition and use of the POLST form was implemented in 2009.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the DNR policy continues to meet standards and system needs.

### **OBJECTIVE:**

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS System.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 1.21 DETERMINATION OF DEATH

### **MINIMUM STANDARDS:**

Each local EMS Agency, in conjunction with the county corner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

A Determination of Death Policy was created and implemented with the respective county corner. This policy was recently updated/revised in July 2013.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the determination of death policy continues to meet county needs.

### **OBJECTIVE:**

Review and update, as necessary, the criteria used for determining death in the field on a county wide basis.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 1.22 REPORTING ABUSE

### **MINIMUM STANDARDS:**

Each local EMS Agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Policies have been developed regarding the reporting of elder abuse, child abuse, and unexpected infant/child death.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Maintain mechanisms for the reporting of abuse, and unexpected infant/child deaths.

### **OBJECTIVE:**

Review and update, as needed, EMS policies. Work with other public, private agencies to increase awareness of abuse cases and reporting among pre-hospital providers.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 1.23 INTERFACILITY TRANSFER

### MINIMUM STANDARDS:

Each local EMS Medical Director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfer.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

A policy delineating the scene and interfacility transfer scope of practice has been established. Established policies and procedures for use of Heparin, blood products, Nitroglycerin, and Amiodarone as an expanded scope for interfacility transfer have been developed and are implemented as optional scope for provider agencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue development and revision of BLS and ALS interfacility scope of practice. Identify funding mechanism to support development and monitoring of interfacility transfers.

### OBJECTIVE:

Maintain BLS, ALS, CCT-P, and CCT interfacility scope of practice that is compliant with State guidelines.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



## 1.24 ALS SYSTEM

### **MINIMUM STANDARDS:**

Advanced Life Support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency.

### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

### **CURRENT STATUS:** *meets minimum standard*

All ALS services currently provided in the EMS systems are provided with local agency approval. Written agreements, permits, and contracts are utilized. An Exclusive Operating Area (EOA) that encompasses the entire County was established in March 2014.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that ALS services are provided only as an approved part of the EMS system.

### **OBJECTIVE:**

Maintain written agreements with ALS providers and monitor compliance.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.25 ON-LINE MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### RECOMMENDED GUIDELINES:

Each local EMS system should develop a medical control plan that determines:

- The base hospital configuration for the system,
- The process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- The process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS:** *meets minimum standard*

Currently one (1) out of two (2) hospitals in Yolo County has been designated as Base Hospital.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Alternate base hospital is under consideration as part of our disaster planning. We are communicating with neighboring counties and reviewing potential opportunities for collaboration, integration and standardization of system as a method to provide alternative solutions to ensure redundancy and consistency.

### OBJECTIVE:

Maintain written base hospital agreement. Develop a comprehensive medical control plan which meets standard and system needs.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 1.26 TRAUMA SYSTEM PLAN

### MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for trauma care in the EMS area, and
- The process for assigning roles to system participants, including a process that allows all eligible facilities to apply. Each EMS system shall have on-line medical direction provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: *meets minimum standard*

Yolo County has no in-county Trauma services. A Level I trauma center is designated in Sacramento County (UC Davis Medical Center). A Level II trauma center is designated in Solano County (Kaiser Vacaville). A trauma catchment map has been created (Page 195). A Trauma Advisory Committee (TAC) has been established. The Agency continues to refine its management of trauma system oversight driven by recommendations from the TAC.

Our current PSAP, Yolo Emergency Communication Agency, uses EMD dispatch guidelines to prioritize and triage the trauma patient and determine code response of the emergency personnel.

In August 2015, Yolo County EMS Agency submitted our Trauma Plan and received approval from the State EMSA.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

### NEED(S):

Continue development and maintenance of the trauma system and regional trauma system. Establish and maintain a trauma audit process. The TAC will conduct, analyze and discuss all trauma related deaths, complications, transfers and quality-related filters in a multi-disciplinary, non-discoverable fashion. TAC integrates with existing CQI processes.

### OBJECTIVE:

Establish, maintain and refine current trauma system plan.

### TIME FRAME FOR MEETING OBJECTIVE:

X Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 1.27 PEDIATRIC SYSTEM PLAN

### MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for pediatric emergency medical and critical care in the EMS area, and
- The process for assigning roles to system participants, including a process which allows all eligible facilities to apply

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

Pediatric treatment protocols were created in 2013. A review of pediatric policies and protocols will be ongoing, and revisions will be made as needed. Pediatric specialty centers were identified and transport procedures established.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento County EMS Agency.

### NEED(S):

Continue to support EMS Children system development. Look for funding opportunities.

### OBJECTIVE:

Review and revise as necessary pediatric treatment protocols.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 1.28 EOA PLAN

### **MINIMUM STANDARDS:**

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determine: a) the optimal design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

The optimal system design for ALS ambulance and the process for assigning roles to the system participants are based on the EMS system models examined by the agency and key stakeholders. There is currently a single Exclusive Operating Area (EOA) encompassing all of Yolo County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that system design continues to meet community needs. Yolo County has recently completed a competitive process for exclusive ALS provider. American Medical Response (AMR) began a new contract on March 1, 2014; the exclusive contract is for five (5) years with a possible five (5) year extension.

### **OBJECTIVE:**

Develop a monitoring system for evaluation of EOA operational and critical performance based measures.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## STAFFING AND TRAINING

### 2.01 ASSESSMENT OF NEEDS

#### **MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:** *meets minimum standard*

Current training institutions and approved CE providers appear to be meeting system needs. ALS updates for all accredited paramedics have been established and the course content is provided by the LEMSA. MCI table top training sessions and functional exercises have also been offered by the ALS transport provider AMR. CE provider programs were verified/updated in 2013, and will be reviewed on a continuing basis. CE providers are audited and reviewed regularly. All EMT training centers were verified in 2013. Yolo County has no paramedic programs.

In 2015, Yolo County EMS Agency implemented online and face-to-face case reviews for local and adjoining providers. The online and face-to-face training is offered every other month and evaluates runs, QI indicators and best of practice.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure that sufficient personnel are trained to meet EMS system demands. Continue to refine relationships with local colleges and education providers to capitalize on shared resources, funding and instructors. Further develop opportunities with neighboring counties.

#### **OBJECTIVE:**

Monitor and ensure system personnel and training needs, including continuing education.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 2.02 APPROVAL OF TRAINING

### **MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

All EMT training programs in Yolo County were approved in 2013. Monitoring of training programs is done through periodic auditing of courses and completion of course evaluation forms by students. EMS Agency staff, for purposes of program compliance, visited all training centers and will continue to conduct scheduled site visits.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue to ensure that EMS education programs comply with State regulations and requirements for continued program approval.

### **OBJECTIVE:**

Conduct random compliance evaluations of local programs. Monitor EMS education programs and ensure compliance to standards and other course requirements. Maintain standardized approval policies and compliance process.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



## 2.03 PERSONNEL

### **MINIMUM STANDARDS:**

The local EMS Agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS Agency of unusual occurrence that could impact EMS personnel certification.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Policies have been adopted regarding EMD, EMR, EMT certification and Paramedic accreditation. A standardized application, process, and fee schedule has been developed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Consider developing reciprocal standards with neighboring counties.

### **NEED(S):**

Review, modify and adopt the procedures and policies used for certification and accreditation. Ensure compliance with State regulations and EMSA.

### **OBJECTIVE:**

Monitor all EMS personnel policies and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 2.04 DISPATCH TRAINING

### **MINIMUM STANDARDS:**

Public Safety Answering Point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with EMS Authority's EMD Guidelines.

### **RECOMMENDED GUIDELINES:**

PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**CURRENT STATUS:** *meets minimum standard*

Emergency medical dispatching, with pre-arrival instructions and priority dispatch, are currently being provided in Yolo County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Maintain EMD as the minimum standard for EMD in Yolo County.

### **OBJECTIVE:**

Investigate and develop as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 2.05 FIRST RESPONDER TRAINING

### MINIMUM STANDARDS:

At least one (1) person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three (3) years.

### RECOMMENDED GUIDELINES:

At least one (1) person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one (1) person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

### CURRENT STATUS: *meets minimum standard*

Yolo County first responding agencies require EMT training as a minimum condition of hire. All first responder agencies possess AEDs.

EMT training is widely available within the EMS system and the staffing of first response units with at least one (1) certified EMT, since all first responder agencies require EMT certification for paid staff. 100% of population of Yolo County is served by an early defibrillation first response provider.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

### OBJECTIVE:

Develop and implement standardized first response agreements or other mechanism with all providers that will specify minimum training, staffing, and equipment standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.06 RESPONSE

### **MINIMUM STANDARDS:**

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS Agency policies.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Formalization of roles and responsibilities has been conducted with the EOA ALS transport services in Yolo County. The county has an extensive first responder system that is primarily volunteer fire based. County and State Park Rangers, as well as certain law enforcement agencies, are routinely dispatched to medical aids within their respective jurisdiction. BLS field protocols have been established for the County and were implemented in 2014.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input and state standards. Ensure that system participants conform to assigned EMS stem roles and responsibilities.

### **OBJECTIVE:**

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, to ensure linkage between public, private and industrial EMS stakeholders.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.07 MEDICAL CONTROL

### **MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS Agency Medical Director.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

The Basic Life Support (BLS) field protocols were developed and released in 2014. The BLS protocols are available for review via the agency website, the Yolo County EMS Agency app on iOS and Android platform. ALS first responders utilize the agencies ALS protocols.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that first responders operate under the medical direction of the system. Review, and modify as necessary, BLS field protocols to ensure compliance with new State EMT regulations. Develop agreements with first responder entities to include enforceable standards in Yolo County.

### **OBJECTIVE:**

Refine existing methodology to ensure that first responders operate under the EMS Agency Medical Director. Develop funding source for program.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.08 EMT-I TRAINING

### **MINIMUM STANDARDS:**

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

### **RECOMMENDED GUIDELINES:**

If advanced life support personnel are not available, at least one (1) person on each emergency medical transport vehicle should be trained to provide defibrillation.

**CURRENT STATUS:** *meets minimum standard*

The minimum staffing level of all ALS emergency medical transport vehicles (ambulance) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs may be used to respond to emergency request during times of disaster when all available ALS resources have been depleted.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Where necessary or desirable in disaster or large MCI situations.

### **NEED(S):**

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

### **OBJECTIVE:**

Monitor and adjust ambulance staffing requirements to EMS system needs and EMS system recommended guidelines.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.09 CPR TRAINING

### **MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Yolo County EMS Agency required all certifying personal maintain a current CPR certification.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Encourage the training of allied health personnel in CPR.

### **OBJECTIVE:**

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.10 ADVANCED LIFE SUPPORT

### **MINIMUM STANDARDS:**

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in ALS.

### **RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS:** *meets minimum standard*

Current base hospital agreements require hospital physicians to be certified in Advanced Cardiac Life Support (ACLS). All emergency department physicians are encourage to be Board certified in emergency medicine or be certified in pre-hospital EMS management through such courses as advanced trauma life support, and Pediatric Advanced Life Support (PALS).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

### **OBJECTIVE:**

Develop policy to ensure that emergency department physicians and nurses are training to an appropriate ALS level.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



## 2.11 ACCREDITATION PROCESS

### **MINIMUM STANDARDS:**

The local EMS agency shall establish a procedure for accreditation of ALS personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope practice, and enrollment into the local EMS agency quality assurance/quality improvement process.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Policies and procedures exist to accredit and orient ALS personnel. ALS updates are used as a platform to orient new ALS personnel entering the local system. Newly accredited paramedics are oriented to policies and procedures, given access to those policies and procedures via agency web site, the application, or hard copy of the manual. New paramedics are required to review, document, and attend a four (4) hour orientation to current policy and procedures along with a five (5) call ALS evaluation by a Field Training Officer (FTO).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Where applicable/desirable coordinate accreditation with adjoining counties.

### **NEED(S):**

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

### **OBJECTIVE:**

Monitor and amend the ALS accreditation process as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 2.12 EARLY DEFIBRILLATION

### **MINIMUM STANDARDS:**

The local EMS Agency shall establish policies for local accreditation of public safety and other BLS personnel in early defibrillation.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Policies, procedures and training venues exist to support personnel in Public Safety AED programs. The agency has established an AED program coordinator to support AED usage. Compliance with policy and training standards are verified yearly.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Fund program in order to ensure policies and procedures for early defibrillation training and certification to meet the EMS system needs.

### **OBJECTIVE:**

Develop funding source to allow evaluation of existing policies and procedures for early defibrillation training and certification to ensure that system needs are being met. Create a link on the agency website for AED locations, and registration.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 2.13 BASE HOSPITAL PERSONNEL

### **MINIMUM STANDARDS:**

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS Agency policies and procedures and are trained in radio communications techniques.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Yolo County's policies and agreements specify that only Emergency Department (ED) hospital physicians who have been judged knowledgeable in the pre-hospital policies and protocols shall provide medical direction to EMS personnel. Base hospital personnel are trained in radio usage.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that only adequately trained physicians provide medical direction to EMS personnel. Ensure that EMS quality nursing personnel and physicians have opportunities for EMS system input.

### **OBJECTIVE:**

Refine policies requiring base hospital physicians to be trained to provide pre-hospital medical direction, radio communications and EMS Agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Incorporate hospital EMS expertise into EMS system dynamics.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## COMMUNICATIONS

### 3.01 COMMUNICATION PLAN

#### **MINIMUM STANDARDS:**

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting ALS responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency's communications plan should consider the availability and use of satellite and cellular telephones.

#### **CURRENT STATUS:** *meets minimum standard*

The current system of dispatch, field and hospital medical communications within Yolo County has recently been updated to improve communication throughout the county. All transporting vehicles in Yolo County have capabilities to communicate to local PSAPs, hospitals and all fire frequencies. Resource, an Internet based communications system has been established in all of the county hospitals to facilitate another form of communication. The EMS Agency and Department of Health Services has satellite phone capabilities to be used in disaster situations. ACS (Ham) radios have been established with local hospitals, clinics, and Skilled Nursing Facilities (SNF's).

#### **COORDINATION WITH OTHER EMS AGENCIES:**

It is anticipated that coordination with Sacramento and Solano counties EMS may either be necessary or advantageous when developing a comprehensive communication plan.

#### **NEED(S):**

Ensure the availability of all necessary EMS dispatch and medical communications. The County's communication system in some areas could use updates, and improved towers. An assessment of the communication system needs to be performed as precursor to the development of a regional and cross regional communication plan.

#### **OBJECTIVE:**

Create and effect a regional communication and cross regional communication plan. Prioritize system repairs and upgrades as necessary to comply with regional or county needs. The communication plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.02 RADIOS

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles and non-transporting ALS responders shall have two-way radio communication equipment which complies with the local EMS communication plan and which provides for dispatch and ambulance-to-hospital communication.

#### **RECOMMENDED GUIDELINES:**

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicles-to-vehicle (including both ambulance and non-transporting first responder units) communication.

**CURRENT STATUS:** *meets minimum standard*

All emergency medical transport vehicles have two-way radio equipment capable of performing field dispatch, field to field, and field to hospital communications. However, communication “dead-spots” exists throughout the system especially in the north portion of the County. In addition, the majority of ALS providers utilize cell phone capability.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Funding is a critical issue. Ensure the availability of medical communications through development of a regional and cross regional communication plan. This plan should include linkages between first responders and ambulance providers.

#### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.03 INTERFACILITY TRANSFER

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both sending and receiving facilities.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

All transport vehicles have two-way radio communication capabilities; cellular phone capability.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination of communications frequencies and the location of radio repeaters may need to be assessed in conjunction with adjacent EMS stems.

#### **NEED(S):**

Ensure the availability of medical communications. Conduct an assessment of the communication system. Develop the plan as State's communication master plan is established, and as county funding allows.

#### **OBJECTIVE:**

Develop a communication plan, prioritize system repairs and upgrades and make necessary changes. Ensure compatibility between regional and state communication plans.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

### 3.04 DISPATCH CENTER

#### **MINIMUM STANDARDS:**

All emergency medical transport vehicles, where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center for disaster communications command post.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

As discussed in 3.01, all Yolo County dispatch centers provide EMD, this was implemented in 2014.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Further development of MPDS and quality modules. Full integration of all agencies and priority dispatching.

#### **OBJECTIVE:**

Maintain and refine standards for system EMS dispatch centers.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



### 3.05 HOSPITALS

#### **MINIMUM STANDARDS:**

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### **RECOMMENDED GUIDELINES:**

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g. position information, pediatric and trauma consultation).

**CURRENT STATUS:** *meets minimum standard*

Yolo County hospitals utilize VHF system. All of the hospitals in the region have radios and can communicate with each other as well.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Hospitals employ a web based control, proactive communication system called EMSystems™/EMResource™.

#### **NEED(S):**

Ensure the availability of medical communications as funding becomes available in the County. An alternative communication system, that is internet-based, has been established within the County, enabling all hospitals to communicate with each other within the region. Ensure linkage between the needs and objectives outlines in Standards 3.01-3.04.

#### **OBJECTIVE:**

Develop the communication plan, prioritize system repairs and upgrades and make necessary changes as funding becomes available.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.06 MCI/DISASTERS

#### **MINIMUM STANDARDS:**

The local EMS Agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of a multi-causality incidents and disasters.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:** *meets minimum standard*

Hospitals in Yolo County have VHF and ACS radio communications capabilities. Yolo County hospitals can use either regular telephone or facsimile lines or EMResource™ Internet based system when determining the capabilities of area hospitals during MCI's and disasters. EMResource™ is available in the PSAP's and AMR communications to provide the ability to relay information to field units. All providers have cellular phone capability as well as two-way radio capability with their respective hospitals in Yolo, Sacramento and Solano Counties.

EMResource™ is established in all regional hospitals. EMResource™ links hospitals, the EMS Agency and the respective county Emergency Operations Centers (EOC). EMResource™ can be used in MCI/Disasters response coordination. The only other alternate communications capability for hospital-to-hospital transmission region wide is cellular and satellite phones.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure that the availability of medical communications during disaster and multi-causality incidents to include: common dispatch and travel frequencies, tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

#### **OBJECTIVE:**

Develop the communication plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and regional communication goals when the individual counties establish system funding.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.07 9-1-1 PLANNING/COORDINATION

#### **MINIMUM STANDARDS:**

The local EMS Agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

#### **CURRENT STATUS:** *meets minimum standard*

Yolo County Communications system has enhanced 9-1-1 telephone service, the EMS Agency and local PSAP's participate in planning and coordination of the 9-1-1 telephone system. The local PSAP is updating their Computer Aided Dispatch (CAD) to build a stronger communications plan for Yolo County.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Participate in ongoing planning and coordination of the 9-1-1 telephone system.

#### **OBJECTIVE:**

Identify funding and staff to allow participation in ongoing planning and coordination of 9-1-1 telephone service.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.08 9-1-1 PUBIC EDUCATION

#### **MINIMUM STANDARDS:**

The local EMS Agency shall be involved in public education regarding the 9-1-1 telephone services as it impacts system access.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Yolo County education concerning 9-1-1 access is provided on an annual basis throughout the county.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Identify funding to provide materials and staff to meet this standard. Determine public education needs from the respective county EMCC members.

#### **OBJECTIVE:**

In coordination with other public safety agencies and primary health care organizations, provide for public education concerning appropriate utilization and system access as outlines in various EMS system models.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.09 DISPATCH TRIAGE

#### **MINIMUM STANDARDS:**

The local EMS Agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:** *meets minimum standard*

An emergency medical dispatch priority reference system has been established and is operational. PSAP's provide pre-arrival dispatch instructions, along with priority dispatching of all apparatus and ambulances.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Maintain standardized EMD/QI program in the established designated EMS dispatch centers.

#### **OBJECTIVE:**

Conduct random compliance evaluation of EMD centers.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 3.10 INTEGRATED DISPATCH

#### **MINIMUM STANDARDS:**

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

**CURRENT STATUS:** *meets minimum standard*

Integration between Yolo County Emergency Communication Agency and our EOA provider is in the process of developing two-way real time dispatches between both systems. The EOA provider is required by the agreement to ensure the availability of ambulances at all times within the county.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Maintain an integrated dispatch system in conjunction with the communications plan.

#### **OBJECTIVE:**

Maintain and refine the dispatch system in conjunction with the communication plan.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

#### **MINIMUM STANDARDS:**

The local EMS Agency shall determine the boundaries of emergency medical transport service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should secure a county ordinance or similar mechanism for establishing emergency medical transport services areas (e.g., ambulance response zones).

#### **CURRENT STATUS:** *meets minimum standard*

Emergency medical transportation services area has been determined for Yolo County EMS system. An ordinance or similar mechanism (such as Exclusive Operating Areas) has been established for ambulance response zones. Mutual aid procedures have been established between transport providers to ensure adequate coverage.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

#### **NEED(S):**

Ensure the ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transport services area.

#### **OBJECTIVE:**

Review and revise local ambulance ordinances as needed. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 4.02 MONITORING

### **MINIMUM STANDARDS:**

The local EMS Agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

### **CURRENT STATUS:** *meets minimum standard*

The minimum standard is met through written agreements, permits, EOA contract, ordinances, auditing, inspections and investigation of unusual occurrences. Monthly reports are given to the Board of Supervisors, EMCC and local area stakeholders on EOA compliance.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that providers comply with statutes, regulations, policies and procedures.

### **OBJECTIVE:**

Conduct random compliance evaluations on all providers. Monitor providers for compliance standards. Monitor EOA contract for compliance.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



#### 4.03 CLASSIFYING MEDICAL REQUEST

##### **MINIMUM STANDARDS:**

The local EMS Agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response for each.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

An emergency medical dispatch priority reference system has been developed and is in use in Yolo County. Currently, classification criteria based on the medical priority dispatch systems is used by the PSAPs, the ALS ambulance and fire department are being sent to all 9-1-1 medical requests as a minimum response depending on dispatch criteria, as either code 2 or code 3 responses.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the consistent use of emergency medical dispatch system standards for all PSAP dispatch centers responsible for medical resources within the county.

##### **OBJECTIVE:**

Maintain emergency medical dispatch system standards in all regional medical resource dispatch centers.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.04 PRESCHEDULED RESPONSES

##### **MINIMUM STANDARDS:**

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

EOA contract specifies system status levels appropriate to accommodating preschedule responses. Transport unit availability is a provider regulated responsibility, but monitored by the Agency and contract provider dispatch center. Mutual aid protocols are in place to ensure an ambulance response to all 9-1-1 system generated calls for service.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands. EOA system status management principles and standards for all providers.

##### **OBJECTIVE:**

Monitor ambulance availability and take corrective action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.05 RESPONSE TIME STANDARDS

##### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

##### RECOMMENDED GUIDELINES:

Emergency medical service areas response zones shall be designated so that, for ninety percent (90%) of emergency responses, response times shall not exceed:

	Urban Area	Suburban Area	Rural Area	Wilderness Area
Priority 1	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4	+/- 15 minutes	-	-	-
Priority 1 with ALS FR	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

##### CURRENT STATUS: *meets minimum standard*

Response standards were developed for the EOA ALS ambulance provider in Yolo County. All response zones in Yolo County meet or exceed the ALS/ambulance/transport response standards as listed above. Response times for the EMS transportation units within Yolo County's EOA are measured from the time the PSAP dispatches the ambulance to arrival at scene.

A CAD-CAD interface has been installed with the PSAP and the EOA provider ensuring instant two-way communication between each dispatch center and ambulance.

Mutual Aid response agreements have been implemented with adjoining counties and agencies.

##### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

##### NEED(S):

Identify funding and staff to ensure the ability to measure response times from the primary PSAP to arrival on scene for ambulance response vehicles. Development of a mechanism to collect and measure response times of first responder agencies and the establishment of response time goals/standards for first responder agencies.

##### OBJECTIVE:

Create a mechanism and/or process to measure response times from receipt of call at PSAP to arrival on scene for both first responder agencies and transport units.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.06 STAFFING

##### **MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

By policy and contract, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one(1) licensed paramedic and one (1) certified EMT-I. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure compliance with standard.

##### **OBJECTIVE:**

Monitor providers for compliance to standards and take corrective action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.07 FIRST RESPONDER AGENCIES

##### **MINIMUM STANDARDS:**

The local EMS Agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *Partially meets minimum standard*

The roles and responsibilities of most system participants are based primarily on a willingness to cooperate with the agency and serve their communities. Yolo County has an extensive volunteer first responder network that meets State and Local requirements.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Develop a first responder master plan, integrating the first responder network into the EMS system.

##### **OBJECTIVE:**

Incorporate the optimal roles and responsibilities of first responder agencies as it will be described in the first responder master plan.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.08 MEDICAL & RESCUE AIRCRAFT

##### **MINIMUM STANDARDS:**

The local EMS Agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- Authorization of aircraft to be utilized in pre-hospital care,
- Requesting of EMS aircraft,
- Dispatching of EMS aircraft,
- Determination of EMS aircraft patient destination,
- Orientation of pilots and medical flight crews to the local EMS system, and
- Addressing and resolving formal complaints regarding EMS aircraft.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Processes have been established for categorizing medical and rescue aircraft, as required above, in Yolo County. All EMS aircraft providers serving the county have completed application requirements. Aircraft utilization has been established as part of the CQI and EMCC review.

Adjacent county agencies and departments participate in air utilization and services review.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization policy for Yolo County application.

##### **OBJECTIVE:**

Monitor and ensure medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization Policy for Yolo County application.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.09 AIR DISPATCH CENTER

##### **MINIMUM STANDARDS:**

The local EMS Agency shall designate a dispatch center to coordinate the use of air ambulance or rescue aircraft.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

A contract has been established designating one (1) dispatch center as an EMS aircraft resource center. In 2015, Yolo EMS Agency and Yolo Emergency Communication Agency entered into agreement for the local PSAP to dispatch the most appropriate and closest air resource to the scene of an emergency.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Evaluate and improve the current system for requesting and dispatching EMS aircrafts within Yolo County. Update Aircraft Utilization Policy as needed.

##### **OBJECTIVE:**

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



#### 4.10 AIRCRAFT AVAILABILITY

##### **MINIMUM STANDARDS:**

The local EMS Agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical service providers operating within the EMS area.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

The Yolo County EMS Agency has identified aeromedical service providers operating within the county to provide medical and rescue aircraft emergency patient transportation. The agency has permits, and contracts with the aeromedical service providers operating in the county, with exception of the California Highway Patrol (CHP), which is exempted. However, CHP cooperatively participates with the Yolo County EMS Agency. The local PSAP, Yolo Emergency Communication Agency, has built out their dispatch software to include air resources. This allows dispatch of the most appropriate available EMS Aircraft. Monthly reports are provided to the EMS Agency to ensure compliance.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Implement helicopter tracking and status interface with the dispatch centers.

##### **OBJECTIVE:**

Monitor providers to ensure that system demands are being met. Ensure providers comply with agreements and policy.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.11 SPECIALITY VEHICLES

##### **MINIMUM STANDARDS:**

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and transport vehicles.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment areas.

##### **CURRENT STATUS:** *Meets minimum standard*

Other than MCI trailers, these resources are typically tracked and maintained through the public safety first responder agencies. Yolo County EMS Agency maintains a list of all-terrain vehicles, water rescue and other transport vehicles in the county. The County also has mutual aid agreements with adjacent counties to provide additional equipment and vehicles as needed for any incident.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Develop a resource directory and response plan for specialty vehicles.

##### **OBJECTIVE:**

Develop a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles within Yolo County.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.12 DISASTER RESPONSE

##### **MINIMUM STANDARDS:**

The local EMS Agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

Yolo County utilizes the Regional EMS MCI Plan. Medical Health Operation Area Coordinator (MHOAC), EMS staff members work closely with their respective county Office of Emergency Services (OES) organization. Training for EMS staff members includes Incident Command System (ICS) 100-200-300-400, Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS) 700-800.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with OES Regions III & IV.

##### **NEED(S):**

Continue to work with OES in developing standard procedures for mobilizing response and transport vehicles for disaster. Formalize the mutual aid capabilities between the member counties within the region.

##### **OBJECTIVE:**

Continue to work with OES and Region IV in developing standard procedures for mobilizing response and transport vehicles for disaster.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.13 INTERCOUNTY RESPONSE

##### **MINIMUM STANDARDS:**

The local EMS Agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should encourage and coordinate development of a mutual aid agreement that identifies financial responsibility for mutual aid responses.

**CURRENT STATUS:** *meets minimum standard*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto aid from neighboring providers stationed inside and outside Yolo County.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

##### **NEED(S):**

Master EMS mutual-aid agreement between the counties in OES Region IV.

##### **OBJECTIVE:**

Adoption of a master EMS mutual-aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.14 INCIDENT COMMAND SYSTEM

##### **MINIMUM STANDARDS:**

The local EMS Agency shall develop multi-causality response plans and procedures that include provision for on-scene medical management using the Incident Command System (ICS).

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

Yolo County has a multi-causality response plan. The MCI plan currently in use by the region is based on and utilizes the Incident Command System.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

##### **OBJECTIVE:**

Monitor the utilization of the MCI plan and make changes as needed.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.15 MCI PLANS

##### **MINIMUM STANDARDS:**

Multi-causality response plans and procedures shall utilize state standards and guidelines.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

The MCI Plan currently in use is ICS, NIMS, and SEMS compliant. The contracted Emergency Ambulance provider has MCI training for all county agencies.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure that the MCI plan continues to meet the needs of on-scene medical management. Evaluate training standard requirements for MCI planning and response. Update the plan as needed.

##### **OBJECTIVE:**

Monitor the utilization of the MCI plan and make changes as needed.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.16 ALS STAFFING

##### **MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one (1) person certified at the Advanced Life Support level and one (1) person staffed at the EMT-I level.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should determine whether advanced life support unit should be staffed with two (2) ALS crew members or with one (1) ALS and one (1) BLS crew member.

On an emergency ALS unit not staffed with two (2) ALS crew members, the second crew member should be trained to provide defibrillation using the available defibrillator.

##### **CURRENT STATUS:** *meets minimum standard*

By policy, the minimum staffing level of all ALS ambulances is one (1) licensed Paramedic and one (1) certified EMT-1. However, a BLS ambulance, staffed with a minimum of two (2) EMT-Is may be used to respond to emergency requests during times of disaster and/or system overload.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure that ALS ambulance staffing meets minimum standards and system needs.

##### **OBJECTIVE:**

Continue to maximize efforts to upgrade emergency medical response capability within the county.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.17 ALS EQUIPMENT

##### **MINIMUM STANDARDS:**

All emergency ALS ambulance shall be appropriately equipped for the scope of practice of its level of staffing.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

Yolo County EMS Agency has developed policies and standard of minimum drug and equipment levels for: BLS non-transporting, ALS non-transporting, BLS transporting, ALS transporting and CCT transporting. Equipment and drug inventory is revised and updated by the agency with the CQI and PAC committees. All ambulance providers' inspections are required on a yearly basis for compliance, and random audits may be done also.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the availability of drugs and equipment on non-transporting units and ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to ensure best practices.

##### **OBJECTIVE:**

Monitor drug and equipment requirements and make changes as needed.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



#### 4.18 TRANSPORT COMPLIANCE

##### **MINIMUM STANDARDS:**

The local EMS Agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure the EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Written agreements, permits, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanism to review, monitor and enforce compliance with system policies for operations and clinical care.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure compliance with system policies.

##### **OBJECTIVE:**

Develop and improve compliance with system policies.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.19 TRANSPORTATION PLAN

##### **MINIMUM STANDARDS:**

Any local EMS Agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, Health & Safety Code, shall develop an EMS transportation plan which addresses:

- Minimum standards for transportation services.
- Optimal transportation system efficiency and effectiveness; and
- Use of a competitive bid process to ensure system optimization.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

The transportation plan was completed in 2013, and in 2014 the ALS EOA was awarded to AMR.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure that the transportation plan meets the needs of the EMS system.

##### **OBJECTIVE:**

Implement and monitor the requirements of the transportation plan and make changes as needed.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.20 GRANDFATHERING

##### **MINIMUM STANDARDS:**

Any local EMS Agency which desires to grant an exclusive operating permit without use of a competitive process shall document in the EMS transportation plan that the existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1791.224, Health & Safety Code.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

There are currently no grandfathering providers in Yolo County.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

None identified.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 4.21 EOA COMPLIANCE

##### **MINIMUM STANDARDS:**

The local EMS Agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1791.224 Health & Safety Code, comply with applicable policies and procedures regarding system operations and patient care.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:** *meets minimum standard*

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance by EOA provider with system policies for operations and clinical care. Yolo County has one (1) EOA. The EOA provider is required to provide monthly compliance reports.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure compliance with system policies, and standards.

##### **OBJECTIVE:**

Evaluate and improve compliance with system policies and procedures.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

#### 4.22 EOA EVALUATION

##### **MINIMUM STANDARDS:**

The local EMS Agency shall periodically evaluate the design of exclusive operating areas.

##### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

The EMS Agency evaluated the design of EOA in conjunction with the EOA contract terms. A complete system review was done in 2012 in preparation for an RFP process for exclusive operating area. In March 2014, Yolo County entered into a contract for one (1) exclusive operating area (EOA) beginning March 1, 2014. The performance standards required of the provider operating within the EOA are routinely monitored and corrective action is taken to address deficiencies.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure the EOA design meets the needs of the EMS system and is consistent with the EMS system model.

##### **OBJECTIVE:**

Continue to monitor performance standards and take corrective action as needed.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## FACILITIES AND CRITICAL CARE

### 5.01 ASSESMENT OF CAPABILITIES

#### **MINIMUM STANDARDS:**

The local EMS Agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should have written agreements with acute care facilities in its service area.

#### **CURRENT STATUS:** *meets minimum standard*

There are two (2) hospitals in Yolo County that receive emergency patients via the EMS System. One (1) of the hospitals is designated as Base Hospital. The EMS agency has written agreements with all acute care facilities in the service area. Medical control guidelines and minimum standards of care for all facilities have been established. The EMS Agency will continue to evaluate pre-hospital care capabilities of all facilities as well as conduct periodic review of all participating facilities for system compliance and performance.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

None identified.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.02 TRIAGE & TRANSFER PROTOCOLS

### **MINIMUM STANDARDS:**

The local EMS Agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Pre-hospital trauma triage and field diagnosed STEMI protocols have been implemented within the County. An interfacility transfer policy has been established. Transfer protocols have been established along with air ambulance procedures for pediatric related field incidents with UC Davis Medical Center. Patients with significant burns may be transported directly by EMS aircraft or ambulance from the field to the regional burn center, UC Davis Medical Center. Assistance with establishment of transfer protocols and agreements for all hospitals are available if needed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Solano County – One (1) Level II Trauma Center as well as one (1) STEMI Receiving Center which in some cases may be the closest most appropriate facility for patients in Yolo County.

Sacramento County – One (1) Level I Trauma Center as well as two (2) STEMI Receiving Centers which in some cases may be the closest most appropriate facility for patients in Yolo County.

### **NEED(S):**

Continue development and implantation of prehospital triage protocols as needed.

### **OBJECTIVE:**

Ensure timely production of pre-hospital triage and transfer protocols based on medical need and preferred transport.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

### 5.03 TRANSFER GUIDELINES

#### **MINIMUM STANDARDS:**

The local EMS Agency, with participation from acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

There are two (2) acute care hospitals within Yolo County. Transfer agreements are in place at the two (2) acute care hospitals with specialty centers (burn, pediatrics, STEMI, Trauma).

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Any future transfer policies or agreements will be coordinated with affected LEMSA's (Solano & Sacramento).

#### **NEED(S):**

Assist with the development of transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency department's physicians in determining an appropriate destination for EMS patients.

#### **OBJECTIVE:**

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



## 5.04 SPECIALITY CARE FACILITIES

### **MINIMUM STANDARDS:**

The local EMS Agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Yolo County has two (2) acute care hospitals, one (1) designated as the Base Hospital. Both in-county hospitals are designated as Stroke Receiving Centers. All other specialty care centers reside outside Yolo County. Solano County – One (1) Level II Trauma Center and one (1) STEMI Receiving Center which in some cases may be the closest most appropriate facility for patients in Yolo County. Sacramento County – One (1) Level I Trauma Center which is also the Pediatric Trauma Center and Burn Center for our region; three (3) STEMI Receiving Centers; one (1) Stroke Receiving Center, which in some cases may be the closest most appropriate facility for patients in Yolo County.

There are written agreements with all facilities for each designation outlining the roles and responsibilities of the facilities and the agency as well as any fees in an amount sufficient to fund the costs directly related to the designation of the facilities.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers.

### **NEED(S):**

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients.

### **OBJECTIVE:**

None identified.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.05 MASS CASUALTY MANAGEMENT

### **MINIMUM STANDARDS:**

The local EMS Agency shall encourage hospitals to prepare for mass causality management.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should assist hospitals with preparation for mass causality management, including procedures for coordinating hospital communication and patient flow.

### **CURRENT STATUS:** *meets minimum standard*

Surge capacity and Mass Causality Plans have been created and are continually under review and revision via Health Resources and Services Administration (HRSA)/Hospital Preparedness Program (HPP) grant funding. All facilities within Yolo County have internal disaster management plans. All facilities have received MCI management training. Mass casualty drills are scheduled in conjunction with the Department of Health Services and the EMS Agency during statewide drills. Each hospital conducts internal disaster drills utilizing the Hospital Emergency Incident Command System (HEICS) system. EMResource™ system has been established for all hospitals within OES Region IV.

In 2015, Yolo County EMS Agency created an MCI work group that included all fire, EMS and law enforcement agencies, in and out of county hospitals, and adjacent LEMSAs to review and update the Yolo County MCI plan. All stakeholders actively participated in the creation of the plan. Training of all personnel is currently ongoing with the effective date of the Plan July 2016. The plan has been shared with all adjacent LEMSAs and with Region IV.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure adherence to all requirements. Continue efforts to assess, establish and maintain a surge capacity as defined by federal grant funding programs (HPP).

### **OBJECTIVE:**

Monitor capability of system hospitals to respond to mass causality incidents and encourage and/or make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 5.06 HOSPITAL EVACUATION

### **MINIMUM STANDARDS:**

The local EMS Agency shall plan for hospital evacuation, including the impact on other EMS system providers.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

All County hospitals have individual evacuation plans in place. HPP creates planning groups to address the issues of patient evacuation and developing surge capacity have been established, utilizing HPP and Homeland Security grant funding. The EMResource™ system was implemented throughout OES Region IV to enable the tracking of available facility beds and for making informed patient destination decisions. Skilled Nursing Facilities, clinics, and convalescent centers are working in a disaster planning group which began in 2014, between Yolo County and Sacramento County facilities.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with OES and Sacramento and Solano Counties.

### **NEED(S):**

Develop, adopt and implement a standardized regional hospital evacuation plan.

### **OBJECTIVE:**

Develop and implement a model hospital evacuation plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 5.07 BASE HOSPITAL DESIGNATION

### **MINIMUM STANDARDS:**

The local EMS Agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Currently, one (1) of the two (2) hospitals in the EMS system has been designated as a base hospital, and all designated specialty receiving centers are allowed to direct the care of the patients they are receiving from the field. We coordinate with our adjacent EMS agencies and hospitals to ensure that pre-hospital physician direction follows YEMSA protocols.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue to evaluate and reassess the designated base hospital and the need for any additional base hospitals.

### **OBJECTIVE:**

None identified.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.08 TRUAMA SYSTEM DESIGN

### **MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community needs and available resources) including, but not limited to:

- The number and level of trauma centers (including the use of trauma centers in other counties),
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- A plan for monitoring and evaluating the system.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Yolo County has designated two (2) out-of-county trauma centers, a Level I in Sacramento County (UC Davis Medical Center) and a Level II in Solano County (Kaiser Vacaville). A catchment map was developed splitting Yolo County into East and West catchment areas. Trauma triage criteria have been implemented. Both trauma centers utilize trauma registry software to gather and track trauma patient data. The EMS agency has current trauma system policies and a trauma plan approved by the State EMS Authority that addresses all the minimum standards.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The designation of trauma centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers. Coordination with Sacramento and Solano County EMS Agencies.

### **NEED(S):**

Ensure the availability of specialized trauma services to critically injured patients.

### **OBJECTIVE:**

Maintain and refine a trauma system that effectively serves patients with critical injuries in Yolo County.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 5.09 PUBLIC INPUT

### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

All trauma planning efforts have included numerous opportunities from the public, stakeholder and hospital representatives. Trauma planning has included input of the respective EMCC. A Trauma Advisory Committee (TAC) has been established and meets bi-annually and provides quality assurance and feedback from providers on an ongoing basis. TAC reports to Physician Advisory Committee (PAC), as well EMCC.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Ensure an open process for continuing trauma system development.

### **OBJECTIVE:**

Keep the process used for developing a trauma system open to hospitals, pre-hospital and public input.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.10 PEDIATRIC SYSTEM DESIGN

### **MINIMUM STANDARDS:**

The local EMS Agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- The number and role of system participants, particularly of emergency departments,
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- Identification of providers who are qualified to transport such patients to a designated facility,
- Identification of tertiary care centers for pediatric critical care and pediatric trauma,
- The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Yolo County EMS Agency does not have any designated pediatric centers within the county boundaries. Both acute care facilities in Yolo County receive, treat, and transfer critical pediatric patients as indicated by clinical presentation. The trauma triage decision includes pediatric patients and advised transport to the closest appropriate trauma center when necessary. Current policy allows for direct transport from the field of critically injured children to UC Davis Medical Center via ground or air.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento County.

### **NEED(S):**

Continue to assess and evaluate the pediatric protocols in the county, revise as needed.

### **OBJECTIVE:**

Continue to monitor and evaluate the system for pediatric emergency medical and critical care system within Yolo County.



**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 5.11 EMERGENCY DEPARTMENTS

### MINIMUM STANDARDS:

The local EMS Agency shall identify minimum standards for pediatric capability of emergency departments including:

- Staffing,
- Training,
- Equipment,
- Identification of patients whom consultation with a pediatric critical care center is appropriate,
- Quality assurance/quality improvement, and
- Data reporting to the local EMS Agency.

### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:** *meets minimum standard*

All facilities in Yolo County are offered assistance with purchasing pediatric equipment utilizing the Maddy Fund allocation of 15%.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that pediatric services provided by the EMS system continue to meet the needs of critically ill and injured children within the EMS system. Resurvey all facilities to ensure meeting the EMS-C guidelines for pediatric emergency medical care.

### OBJECTIVE:

Develop continuous pediatric system monitoring capabilities.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.12 PUBLIC INPUT

### **MINIMUM STANDARDS:**

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

EMS Advisory Committees are in place to ensure input from pre-hospital, hospital and consumers. Public input periods are provided before any modification is made to EMS policies and procedures.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue to get public input and evaluation of the pediatric emergency medical and critical care system.

### **OBJECTIVE:**

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 5.13 SPECIALTY SYSTEM DESIGN

### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- The number and role of system participants,
- The design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- Identification of patients who should be triaged or transferred to a designated center,
- The role of non-designated hospitals including those which are outside the primary triage area, and
- A plan for monitoring and evaluating the system.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

Adult and pediatric trauma patients have been identified as patients warranting transfer to designated centers outside the county. The Agency has developed and established transfer policies for Trauma, STEMI, Pediatric and Burn patients.

### COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers. Coordination with Sacramento and Solano Counties.

### NEED(S):

Ensure the availability of Trauma, STEMI/Stroke, Burn care services to the critically ill and injured patients.

### OBJECTIVE:

Develop and implement STEMI and Stroke care systems and plans in accordance with the EMS system model and state guidelines, as appropriate.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 5.14 PUBLIC INPUT

### **MINIMUM STANDARDS:**

In planning other specialty care systems, the local EMS agency shall ensure input from pre-hospital, hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

All specialty care planning efforts have included numerous opportunities for public and stakeholder input. Various committees meet on a quarterly basis, and are comprised of all system stakeholders.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Ensure an open process for specialty care system development.

### **OBJECTIVE:**

Keep the process used for developing a specialty care system open to public input.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

#### **MINIMUM STANDARDS:**

The local EMS Agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have the resources to evaluate responses to, and the care provided to, specific patients.

#### **CURRENT STATUS:** *meets minimum standard*

Yolo County EMS Agency has developed a CQI program, that is comprised of base hospital nurse liaisons, base hospital medical directors, receiving hospital nurse liaisons, receiving hospitals medical directors, specialty centers nurse liaisons, specialty centers medical directors, ambulance provider clinical educators, ambulance provider medical directors, and field personnel. All representatives are invited to meet quarterly at QA/QI meetings, and also at case reviews which are hosted by the base hospital.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

#### **NEED(S):**

Find funding to maintain and refine CQI process that meets system and State standards.

#### **OBJECTIVE:**

Maintain the CQI program. Establish a process to identify preventable morbidity and mortality. Develop a system that allows for patient outcome and feedback to pre-hospital personnel. Ensure and maintain that the CQI process meets system needs and State standards. Expand the CQI process to include first responder, and dispatchers. Continue to monitor and amend the QA/QI program to meet system needs. Funding to support program needs.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 6.02 PREHOSPITAL RECORDS

### **MINIMUM STANDARDS:**

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider and agency. All ground ambulance providers and ALS first responders use a computerized PCR.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure completeness and timely submission of patient care records. Develop policy for mandatory data collection and reporting to the EMS agency through ePCR product.

### **OBJECTIVE:**

Investigate ways of improving completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Investigate the possibility of a system wide ePCR program to work for all BLS and ALS responders within Yolo County.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

### 6.03 PREHOSPITAL CARE AUDITS

#### **MINIMUM STANDARDS:**

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have mechanism to link pre-hospital records with dispatch, emergency departments, and in-patient care.

**CURRENT STATUS:** *meets minimum standard*

The quality assurance and CQI program allows for the EMS agency to monitor clinical and operational compliance.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Expanding the clinical auditing system to include our BLS first responders, and find a way to streamline patient outcome from the emergency department.

#### **OBJECTIVE:**

Continue to develop an EMS data base that allows the EMS agency to look at compliance from the beginning of the call to the outcome of the patient from the emergency department. Currently we are only able to look at our ALS ambulance, and agencies. Develop a process to identify preventable morbidity and mortality and ensure adherence to treatment standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



## 6.04 MEDICAL DISPATCH

### **MINIMUM STANDARDS:**

The local EMS agency shall have mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival dispatch instructions.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

It is a Yolo County requirement that the PSAP's must be able to perform EMD and priority dispatch or transfer the call to a center which can. The EMS agency participates in local PSAP's QA program, and monitors the system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Locate a funding source to help fund oversight to ensure that appropriate level of medical response is sent to each emergency.

### **OBJECTIVE:**

Continue oversight and review of medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and monitor the appropriateness of pre-arrival/post-dispatch instructions. Develop a funding source to help support the QA oversight.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 6.05 DATA MANAGEMENT SYSTEM

### **MINIMUM STANDARDS:**

The local EMS Agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to the patients. It shall be based on state standards.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an interfaced data management system that includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

### **CURRENT STATUS:** *meets minimum standard*

Current monitoring systems are provided by the EOA provider giving the EMS agency complete access to the data management system. The Agency is considering adopting its own management system to interface not only with the EOA provider but also with all other agencies in the county.

YEMSA has developed key data sets that are sent to our hospitals on a quarterly basis to facilitate collection of patient information, diagnostics, treatments, and outcomes. All designated hospitals within the YEMSA system participate in data collection and sharing that is then audited and analyzed in the YEMSA QI meetings.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Evaluate a data management system that will work for all of Yolo County. Gain quicker access to existing hospital data regarding the outcomes of pre-hospital patients while utilizing the state indicators. Develop funding source for on-going system-wide management.

### **OBJECTIVE:**

Develop funding to support a system-wide data management system that interfaces with the current EOA provider. Monitor and modify as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 6.06 SYSTEM DESIGN EVALUATION

### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: *meets minimum standard*

The PAC, comprised of physicians, local CQI coordinators, hospital liaisons and clinical provider representatives has been formed to evaluate and advise the medical director of clinical issues including system design. Also EMCC reviews local operations, policies and practices. Meetings of the Board of Supervisors (BOS) and EMCC are open to the public with time allocated on each agenda for public comments. A BOS member is invited, and sits on the EMCC and provides additional input to the system management.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue to develop a system that has key indicators for evaluating the effectiveness of the EMS system at meeting community needs and system demands.

### OBJECTIVE:

Continue to create, and modify common indicators as needed that can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Participate in statewide standardized system evaluation projects.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 6.07 PROVIDER PARTICIPATION

### **MINIMUM STANDARDS:**

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

ALS and BLS providers are required to participate in system-wide evaluation planning and programs.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure compliance with ALS and BLS providers' participation in system evaluation and improvements.

### **OBJECTIVE:**

Continue to monitor compliance. Investigate the feasibility of requiring first responders, dispatchers and other system provider's participation in the system QA/QI program.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 6.08 REPORTING

### **MINIMUM STANDARDS:**

The local EMS Agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Monthly, quarterly, bi-annual, and annual report results are shared with the Board of Supervisors, provider agencies, and EMCC.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue with current reporting cycles. Monitor and modify key benchmark indicators as needed.

### **OBJECTIVE:**

Develop standardization in reporting.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 6.09 ALS AUDIT

### **MINIMUM STANDARDS:**

The process used to audit treatment provided by Advanced Life Support providers shall evaluate both base hospital (alternative base station) and pre-hospital activities.

### **RECOMMENDED GUIDELINES:**

The local EMS agency's interfaced data management system should include pre-hospital, base hospital, and receiving hospital data.

**CURRENT STATUS:** *meets minimum standard*

There is a CQI process in place, which is comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider quality improvement coordinators in conjunction with Agency staff.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Fund and maintain a process to provide feedback to pre-hospital personnel on patient outcomes.

### **OBJECTIVE:**

Fund and maintain a process to provide feedback to pre-hospital personnel on patient outcomes.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 6.10 TRAUMA SYSTEM EVALUATION

### **MINIMUM STANDARDS:**

The local EMS Agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside the established criteria, and a process for identifying potential improvements to the system design and operation.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Both trauma centers utilize trauma registry software to gather and track trauma patient data. Quarterly data is submitted to this Agency by the trauma centers. The Trauma Advisory Committee (TAC) meets bi-annually and is responsible for reviewing and evaluating care of major trauma patients in the region. TAC provides an educational platform for both pre-hospital and hospital personnel. Improvements to system design operations are identified and recommended by the TAC. YEMSA participates in the Regional Trauma Advisory Committee and has implemented voluntary trauma transfer criteria established by the RTCC.

YEMSA is working on a way to identify patients who fell outside of the established criteria.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Data collection program/system that includes all non-trauma designated receiving facilities that receive trauma patients.

### **OBJECTIVE:**

Continue to develop a data collection system that identifies all trauma patients regardless of initial destination. Continue utilizing the trauma registry and TAC to identify potential needs in the system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 6.11 TRAUMA CENTER DATA

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

### **CURRENT STATUS:** *meets minimum standard*

The Agency currently collects quarterly data from all designated trauma centers. Bi-annual data review by all TAC members is performed at its meetings. Additional information or details of specific cases are provided by the trauma centers as requested by the TAC or the agency.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Establish linkage between prehospital data and the trauma registry system. This should include non-trauma center receiving facilities receiving trauma patients.

### **OBJECTIVE:**

Develop standards for all receiving facilities in Yolo County, and surrounding county facilities regarding data collection for trauma patients. Establish data linkage with CA EMSA on trauma data.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).



## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

#### **MINIMUM STANDARDS:**

The local EMS Agency shall promote the development and dissemination of information materials for the public that addresses:

- Understanding of EMS system design and operation.
- Proper access to the system.
- Self-help (e.g., CPR, first aid, etc.).
- Patient and consumer rights as they relate to the EMS system.
- Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- Appropriate utilization of emergency departments.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its area.

#### **CURRENT STATUS:** *meets minimum standard*

Yolo County EMS has either developed and/or disseminated information on basic first aid, CPR, system design and access, and disaster planning. The EMCC subcommittee is very active within the County. The agency has established a PIE “traveling kit” that will be used throughout the County at public safety and health oriented public events. PIE materials from the kit will be available for distribution at these events.

Any patient in the EMS system has a way to contact the EMS Agency and the Providers to appeal, ask questions, or give feedback about the services provided or the bill.

We have partnered with our Community Health programs to target at-risk populations. The current focus area is fall prevention. Falls, especially among older adults, lead to increased ED utilization and hospital admissions in Yolo County.

YEMSA has implemented County-wide hands-only CPR training. In 2015, over 200 people were trained.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Funding to support the components contained within this standard.

#### **OBJECTIVE:**

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. Develop funding to support growth within this standard.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 7.02 INJURY CONTROL

### **MINIMUM STANDARDS:**

The local EMS Agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS:** *meets minimum standard*

The agency is involved as a component of the department of public health in injury prevention and/or injury control efforts. The agency participates in the SafeKids program, and EMS system participants routinely participate in public safety (health) fairs at various locations concerning injury prevention and disease prevention programs.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Funding to continue to development and promotion of injury control education programs and programs targeted at high risk groups.

### **OBJECTIVE:**

Coordinate the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations. Develop funding to support program.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 7.03 DISASTER PREPAREDNESS

#### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local Office of Emergency Services (OES), should produce and disseminate information on disaster medical preparedness.

#### **CURRENT STATUS:** *meets minimum standard*

The agency has been involved with OES in promoting citizen disaster preparedness. Funding has been secured to enhance the coordination between EMS and disaster preparedness personnel.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

As applicable with neighboring counties through coordination among the EMS system and EMS providers.

#### **NEED(S):**

Promote citizen disaster preparedness activities. Develop funding to support program.

#### **OBJECTIVE:**

In conjunction with County OES coordinators, Red Cross and other public safety agencies, continue to develop and promote citizen disaster preparedness activities.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

#### 7.04 FIRST AID & CPR TRAINING

##### **MINIMUM STANDARDS:**

The local EMS Agency shall promote the availability of first aid and CPR training for the general public.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved with high risk groups.

**CURRENT STATUS:** *meets minimum standard*

The Agency has begun taking a lead in promoting CPR training for areas covered by the EOA franchise as per contractual requirement. Beyond the EOA, no other funding sources exist for CPR training and awareness.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Establishment of citizen CPR and first aid training goals.

##### **OBJECTIVE:**

Develop the capacity to either provide or coordinate the provision of CPR and first aid training. Develop funding to support the program.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

#### **MINIMUM STANDARDS:**

In coordination with the local Office of Emergency Services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:** *meets minimum standard*

Disaster medical planning has been occurring. A response plan specific to toxic substance management is being developed. Agency staff is actively participating with local agencies, OES, and other allied agencies in disaster planning and preparedness. Staff members sit on various focus groups related to disaster planning and have actively participated in Homeland Security and HPP programs. Agency staff members also have been actively involved in the annual Statewide Health-Hospital Disaster exercise.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

As needed with OES Regions III & IV.

#### **NEED(S):**

Ensure that the MCI plan in place continues to meet the disaster medical response needs of the EMS system.

#### **OBJECTIVE:**

Monitor the efficiency and utilization of the MCI plan and make changes as needed.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 8.02 RESPONSE PLANS

### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' (OES) multi-hazard function plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS:** *Meets minimum standard*

YEMSA, in partnership with local Fire Chiefs, Ambulance Providers, Hospitals, Law Enforcement, OES, partnering County Agencies, and Region IV developed and drafted a new MCI plan that addresses an all-hazard approach. The Plan was completed in 2015 and will take effect in 2016 after all agencies have been trained on the new MCI Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

As needed, coordination exists between OES Regions III & IV, internal and external county partners, and all Yolo County and adjacent County Agencies.

### **NEED(S):**

Ensure that regional MCI Plans continue to meet the disaster medical response needs of the EMS system.

### **OBJECTIVE:**

Monitor the efficiency and utilization of the MCI plans and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

### 8.03 HAZMAT TRAINING

#### **MINIMUM STANDARDS:**

All EMS providers shall be properly trained and equipped for response to hazardous material incidents, as determined by their system role and responsibilities.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *Partially meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment (PPE) for EMS is in place and is regularly practiced. In conjunction with the purchase of new all-hazard triage tags, "Triage Tag" familiarization drills are conducted annually.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Continue to maintain training coordination efforts for EMS providers throughout the region.

#### **OBJECTIVE:**

Ensure adequate training for EMS personnel regarding hazardous materials incidents. Determine hazardous material training levels or needs of EMS personnel.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



## 8.04 INCIDENT COMMAND SYSTEM

### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that ICS training is provided for all medical providers.

**CURRENT STATUS:** *meets minimum standard/meets recommended guidelines*

Yolo County's MCI Plan is based on the ICS. Agency staff members have completed all necessary training.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that all EMS personnel are trained in and understand ICS, MCI, SEMS and NIMS.

### **OBJECTIVE:**

Continue to offer the necessary trainings to new provider employee.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.05 DISTRIBUTION OF CASUALTIES

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **CURRENT STATUS:** *partially meets standard*

Regional patient distribution planning has been developed. "Surge capacity" benchmarks for hospitals and for the distribution of patients to specialty centers are in place. An ACS plan has been developed. The agency is reviewing its MCI plan, specifically patient distribution procedures, as part of this process.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with neighboring counties.

### **NEED(S):**

Develop the procedures for distributing disaster casualties that functions effectively. Develop a local/regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **OBJECTIVE:**

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.06 NEEDS ASSESMENT

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### **RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

### **CURRENT STATUS:** *meets minimum standard*

General written procedures and checklists have been used by the Medical Health Operational Area Coordinator (MHOAC) throughout the 1990s and early 2000s during a series of wet winters. These procedures include a process for assessing and communicating needs to OA EOCs, OES Regions II, IV and State OES, DHS and EMSA.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the procedures for assessing medical needs in a disaster function effectively. Develop regional written procedures for MHOACs.

### **OBJECTIVE:**

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.07 DISASTER COMMUNICATIONS

### **MINIMUM STANDARDS:**

The local EMS Agency, in cooperation with the local Office of Emergency Services (OES), shall develop an inventory of appropriate disaster medical resources to respond to multi-causticity incidents.

**CURRENT STATUS:** *meets minimum standard*

CALCORD is a common frequency among County providers. There are EMS field/tactical frequencies as well as several fire field/tactical frequencies held in common, broken down by zones.

Two-way radios, telephones including landline, cellular and satellite phones in addition to computer based programs keep all hospitals and the Emergency Operations Center (EOC) in communication. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders and dispatch centers. Cellular phones are required and/or prevalent among all system participants.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with local OES, Fire, Law and EMS personnel.

### **NEED(S):**

When available, utilize trunked radio or wireless cellular systems as technology is established. Work closely to ensure EMS inclusion in any long range and short-term communications system infrastructure upgrade and enhancements.

### **OBJECTIVE:**

Maintain a dynamic, viable, and redundant EMS communications system for use during disasters.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.08 INVENTORY OF RESOURCES

### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### **CURRENT STATUS:** *meets minimum standards*

MCI trailers are deployed in the County at the request of the Incident Commander (IC). Individual first responder agencies and EMS transport provider agencies are equipped with backboards, trauma kits, triage tags, O<sub>2</sub> kits, burn kits and PPE. Additionally, hospital disaster trailers exist at both hospitals.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Sharing of resources per agreement.

### **NEED(S):**

Annually update the disaster medical resource directory.

### **OBJECTIVE:**

Update the disaster medical resource directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 8.09 DMAT TEAMS

### **MINIMUM STANDARDS:**

The local EMS Agency shall establish and maintain relationships with Disaster Medical Assistance Team (DMAT) teams in its area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should support the development and maintenance of DMAT teams in its area.

### **CURRENT STATUS:** *meets minimum standard*

DMAT team with OES Region IV is functional. Planning by member counties occur at the regional disaster medical coordinator meetings.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Develop a more formal relationship with Region IV DMAT Team.

### **OBJECTIVE:**

Develop relationships with other regional DMAT Teams.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.10 MUTAL AID AGREEMENTS

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that existence of medical mutual aid agreements with other counties in its Office of Emergency Services (OES) region and elsewhere, as needed. These will ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be available during significant medical incidents and during period of extraordinary system demand.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *partially meets minimum standard*

Providers execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region IV have attempted, and are attempting to develop a master medical mutual aid agreement to be executed between counties and/or LEMSAs.

### **COORDINATION WITH OTHER EMS AGENCIES:**

As needed coordination within OES Region IV.

### **NEED(S):**

Adoption of a master medical mutual aid agreement. Formalize existing day-to-day mutual aid operations that currently exist.

### **OBJECTIVE:**

Continue the process of developing and adopting a master medical mutual aid agreement.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 8.11 CCP DESIGNATION

### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local Office of Emergency Services (OES) and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *partially meets minimum standard*

Several locations for Field Treatment Sites (FTS) have been identified. These sites have multi-use configurations, i.e., shelters, mass prophylaxis etc. Yolo County uses the State EMSA medical volunteer registry, disaster healthcare volunteers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with local OES, ESFs, Fire, Law and Ambulance agencies in Yolo County and Sacramento.

### **NEED(S):**

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

### **OBJECTIVE:**

In conjunction with county OES offices, identify and establish plans regarding activation, staffing, and outfitting.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☒ X Short-Range Plan (one [1] year or less).
- ☒ X Long-Range Plan (more than one [1] year).



## 8.12 ESTABLISHMENT OF CCP

### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local Office of Emergency Services (OES), shall develop plans for establishing Causality Collection Points (CCP) and a means for communicating with them.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *does not currently meet standard*

Several sites for CCPs exist. However, no formal plans have been developed for their activation, staffing or outfitting as CCP. There are plans in place for utilizing these sites as Point of Dispensing (POD), general shelters, and mass prophylaxis sites. Yolo County EMS is working with the County Health Department and Emergency Preparedness programs/units.

Communication is dependent on available resources. At minimum, every CCP will be connected and communicate via radio. If wireless is available, Intermedix will be used for communication.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with OES and ESFs.

### **NEED(S):**

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

### **OBJECTIVE:**

In conjunction with county OES offices, identify and establish plans regarding activation, staffing, and outfitting.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

## 8.13 DISASTER MEDICAL TRAINING

### **MINIMUM STANDARDS:**

The local EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

### **CURRENT STATUS:** *meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions, conduct MCI training. Personal Protection Equipment for EMS providers is in place. Medical personnel roles are identified in OA hazmat response plans. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The agency's MCI plan is updated to ensure compliance with ICS, SEMS and NIMS.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

### **OBJECTIVE:**

Ensure an adequate number of field, hospital and dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness. Evaluate and train on the "new triage tag" and revised MCI Plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.14 HOSPITAL PLANS

### **MINIMUM STANDARDS:**

The local EMS Agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### **RECOMMENDED GUIDELINES:**

At least one (1) disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

**CURRENT STATUS:** *meets minimum standards*

Staff has been working with the Health Department to conduct hospital training in ICS and CBRNE response. Hospitals conduct disaster exercises on an annual basis. Hospitals coordinate with the statewide EMSA annual hospital drill (and/or Golden Guardian exercise). Yolo County has developed a "hospital disaster planning group" part of the HPP committee.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination of regional partners.

### **NEED(S):**

All hospitals continue to refine their disaster plans for compatibility with OA disaster plans.

### **OBJECTIVE:**

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one (1) inter-agency disaster drill is conducted yearly.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.15 INTERHOSPITAL COMMUNICATIONS

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:** *meets minimum standard*

Hospitals in Yolo County communicate via a VHF network and with the EMResource™ System. EMResource™ system has been installed in Yolo hospitals, as well as in neighboring counties thus providing redundancy.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Through common radio channels, EMResource™ system, and intercounty agreements.

### **NEED(S):**

Continue to ensure the availability of inter-hospital medical communications and secure additional.

### **OBJECTIVE:**

Enhance the communications plan, prioritize system repairs and upgrades and make necessary changes.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.16 PREHOSPITAL AGENCY PLANS

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

### **CURRENT STATUS:** *meets minimum standard*

Disaster medical planning occurs in the two (2) Yolo County based hospitals. The County utilizes an MCI Plan that is ICS, SEMS and NIMS compatible. Hospitals have significant disaster mitigation supplies, including PPE, triage tags and patient evacuation equipment. Pre-hospital providers and first responder agencies are equipped with PPE, triage tags and medical equipment. The disaster plan is robust and practiced annually.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that providers and hospitals continue to effectively practice and use the MCI and disaster plans.

### **OBJECTIVE:**

Monitor compliance and encourage regular participation at MCI and disaster training exercises.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.17 ALS POLICIES

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that policies and procedures allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Procedures have been established with adjacent EMS systems through day-to-day mutual aid and reciprocity agreements.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Ensure that policies and procedures exist to allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region IV.

### **OBJECTIVE:**

Monitor and modify the policies and procedures that allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.18 SPECIALITY CENTER ROLES

### **MINIMUM STANDARDS:**

The local EMS Agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incident and the impact of such incidents on day-to-day triage procedures.

### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *meets minimum standard*

Both trauma centers and the base hospital are charged with coordinating disaster events.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Sacramento and Solano Counties.

### **NEED(S):**

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### **OBJECTIVE:**

When additional specialty centers are identified, develop a process to determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

## 8.19 WAVING ECLUSIVITY

### MINIMUM STANDARDS:

The local EMS Agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *meets minimum standard*

The exclusive operating area agreement contains language allowing Yolo County EMS to waive the exclusivity of an area or the county in the event of a significant medical incident.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure the process continues to exist for the waiving of exclusivity in EOAs in the event of a significant medical incident occurrence.

### OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).



## TABLES

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2015

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Yolo

A. Basic Life Support (BLS)	<u>0 %</u>
B. Limited Advanced Life Support (LALS)	<u>0 %</u>
C. Advanced Life Support (ALS)	<u>100 %</u>

2. Type of agency
- a) Public Health Department
  - b) County Health Services Agency**
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) Private Non-Profit Entity
  - f) Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
  - b) Health Services Agency Director/Administrator**
  - c) Board of Directors
  - d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	_____

Table 2: System Organization and Management (continued)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>          X          </u>
Other: _____	<u>                                </u>
Other: _____	<u>                                </u>
Other: _____	<u>                                </u>
<b>5.     <u>EXPENSES</u></b>	
Salaries and benefits (All but contract personnel)	<u>\$   221,685</u>
Contract Services (e.g. medical director)	<u>         64,439</u>
Operations (e.g. copying, postage, facilities)	<u>         21,424</u>
Travel	<u>          5,078</u>
Fixed assets	<u>                                </u>
Indirect expenses (overhead)	<u>         23,757</u>
Ambulance subsidy	<u>                                </u>
EMS Fund payments to physicians/hospital	<u>                                </u>
Dispatch center operations (non-staff)	<u>                                </u>
Training program operations	<u>                                </u>
Other: IT Systems	<u>          6,645</u>
Other: _____	<u>                                </u>
Other: _____	<u>                                </u>
<b>TOTAL EXPENSES</b>	<u>\$   343,028</u>
<b>6.     <u>SOURCES OF REVENUE</u></b>	
Special project grant(s) [from EMSA]	<u>\$                                  </u>
Preventive Health and Health Services (PHHS) Block Grant	<u>  </u>
Office of Traffic Safety (OTS)	<u>  </u>
State general fund	<u>  </u>
County general fund	<u>  </u>
Other local tax funds (e.g., EMS district)	<u>  </u>
County contracts (e.g. multi-county agencies)	<u>  </u>
Certification fees	<u>  </u>
Training program approval fees	<u>          1,528</u>
Training program tuition/Average daily attendance funds (ADA)	<u>  </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>  </u>
Base hospital application fees	<u>\$       5,000</u>

Table 2: System Organization and Management (continued)

Trauma center application fees	\$ _____
Trauma center designation fees	<u>50,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	<u>20,000</u>
Type: STEMI	
Other critical care center designation fees	<u>5,000</u>
Type: Stroke	
Ambulance service/vehicle fees	<u>26,500</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: _____	_____
Other (specify): Franchise Fee	<u>235,000</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>343,028</u></b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

Table 2: System Organization and Management (continued)

7. **Fee structure**

       We do not charge any fees

  X   Our fee structure is:

First responder certification	<u>                    </u>
EMS dispatcher certification	<u>                    </u>
EMT-I certification	<u>                    38.00</u>
EMT-I recertification	<u>                    38.00</u>
EMT-defibrillation certification	<u>                    </u>
EMT-defibrillation recertification	<u>                    </u>
AEMT certification	<u>                    </u>
AEMT recertification	<u>                    </u>
EMT-P accreditation	<u>                    53.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>                    </u>
MICN/ARN recertification	<u>                    </u>
EMT-I training program approval	<u>                    1,528</u>
AEMT training program approval	<u>                    </u>
EMT-P training program approval	<u>                    3,042</u>
MICN/ARN training program approval	<u>                    </u>
Base hospital application	<u>                    </u>
Base hospital designation	<u>                    5,000</u>
Trauma center application	<u>                    </u>
Trauma center designation	<u>                    50,000/10,000</u>
Pediatric facility approval	<u>                    </u>
Pediatric facility designation	<u>                    </u>
Other critical care center application	<u>                    5,000</u>
Type: STEMI	
Other critical care center designation	
Type: <u>Stroke</u>	<u>                    4,000</u>
Ambulance service license	<u>                    </u>
Ambulance vehicle permits	<u>                    1,969</u>
Other: <u>                    </u>	<u>                    </u>
Other: <u>                    </u>	<u>                    </u>
Other: <u>                    </u>	<u>                    </u>

Table 2: System Organization and Management (continued)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of SALARY)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	48.80	35%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	1.0	37.27	34%	
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director				Contracted
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	EMS Specialist I	0.5	21.65	32%	
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure

TABLE 3: STAFFING/TRAINING

Reporting Year: 2014-2015

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	126	0		0
Number newly certified this year	65	0		0
Number recertified this year	26	0		0
Total number of accredited personnel on July 1 of the reporting year	126	0	186	0
Number of certification reviews resulting in:				
a) formal investigations	2	0		0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs 126  
b) Number of public safety (defib) certified (non-EMT-I) 16

2. Do you have an EMR training program no

TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Yolo County

Reporting Year: 2015

- |    |   |   |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP)  | <u>3</u>  |
| 2. | Number of secondary PSAPs   | <u>1</u>  |
| 3. | Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines  | <u>2</u>  |
| 5. | Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?<br><u>Yolo Emergency Communication Center</u>       |   |
| 7. | Who is your primary dispatch agency for a disaster?<br><u>Yolo Emergency Communication Center</u>                   |   |
| 8. | Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. | Radio primary frequency <u>155.235</u>  |   |
| b. | Other methods <u>CALCORD, VHF, UHF</u>  |   |
| c. | Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? |   |
| 1) | Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) | Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2015

**Note:** Table 5 is to be reported by agency.

**EARLY DEFIBRILLATION PROVIDERS**

1. Number of EMT-Defibrillation providers 15

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Early defibrillation responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Advanced life support responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Transport Ambulance	8 minutes**	15 minutes**	30 minutes**	8 minutes**

\* No standardized response guidelines or data collection

\*\* Based on exclusive operating agreement



## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2015

**NOTE:** Table 6 is to be reported by agency.

### Trauma

#### Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1072</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>862</u>
3. Number of major trauma patients transferred to a trauma center	<u>excl</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>24</u>

### Emergency Departments

1. Total number of emergency departments	<u>2</u>
2. Number of referral emergency services	<u>0</u>
3. Number of standby emergency services	<u>0</u>
4. Number of basic emergency services	<u>2</u>
5. Number of comprehensive emergency services	<u>0</u>

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>8</u>
2. Number of base hospitals with written agreements	<u>1</u>

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2015

County: Yolo County

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? High schools, middle schools, churches, fairgrounds, UC Davis
  - b. How are they staffed? DHV, Red Cross, PH staff, EMS participants
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4
3. Have you tested your MCI Plan this year in a:
  - a. Real Event? ☒ Yes ☐ No
  - b. Exercise? ☒ Yes ☐ No

Table 7: Disaster Medical (continued)

4. List all counties with which you have a written medical mutual aid agreement:  
Sacramento and Solano
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Department of Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8: RESPONSE/TRANSPORTATION/PROVIDERS

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: Yocha Dehe Fire Department Response Zone: Moderate

Address: 14170 Golf Course Drive  
Brooks, CA 95606

Phone Number: 530-796-2500

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

\* No mechanisms exist for the collection of response time data. CAD update in progress to collect this data.

**Transporting Agencies**

\*            Total number of responses

\*            Number of emergency responses

\*            Number of non-emergency responses

           Total number of transports

           Number of emergency transports

           Number of non-emergency transports

**Air Ambulance Services**

           Total number of responses

           Number of emergency responses

           Number of non-emergency responses

           Total number of transports

           Number of emergency transports

           Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** U.C. Davis Fire Department      **Response Zone:** High

**Address:** 1 Shields Ave  
Davis, CA 95616

**Phone Number:** 530-752-1236

**Number of Ambulance Vehicles in Fleet:** 0

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**Air Ambulance Services**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County      Provider: City of Davis Fire Department      Response Zone: High

Address: 530 Fifth Street      Number of Ambulance Vehicles in Fleet: 0  
Davis, CA 95616

Phone Number: 530-757-5684      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing  <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County      Provider: Willow Oak Fire Protection District      Response Zone: Moderate

Address: 18111 County Road 94B      Number of Ambulance Vehicles in Fleet: 0  
Woodland, CA 95695

Phone Number: 530-662-0781      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing  <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**Air Ambulance Services**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**TABLE 8: response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Yolo Fire Protection District      **Response Zone:** Moderate

**Address:** 37720 Sacramento Street  
Yolo, CA 95697

**Phone Number:** 530-662-0566

**Number of Ambulance Vehicles in Fleet:** 0

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**Air Ambulance Services**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Knights Landing Fire Protection Dist      **Response Zone:** Moderate

**Address:** 42115 Sixth Street      **Number of Ambulance Vehicles in Fleet:** 0  
Knights Landing, CA 95645

**Phone Number:** 530-735-6409      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County     **Provider:** Zamora Fire Protection District     **Response Zone:** Moderate  
**Address:** 33715 1<sup>st</sup> Street     **Number of Ambulance Vehicles in Fleet:** 0  
Zamora, CA 95698  
**Phone**     **Average Number of Ambulances on Duty**  
**Number:** 530-662-8892     **At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**Air Ambulance Services**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Dunnigan Fire Protection District      **Response Zone:** Moderate-Low

**Address:** 29145 Main Street  
Dunnigan, CA 95937

**Phone Number:** 530-724-3515

**Number of Ambulance Vehicles in Fleet:** 0

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

Total number of responses \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

Total number of responses \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Madison Fire Protection District      **Response Zone:** Moderate  
**Address:** 17880 Stephens Street      **Number of Ambulance Vehicles in Fleet:** 0  
Madison, CA 95653  
**Phone Number:** 530-662-5745      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Capay Valley Fire Protection District      **Response Zone:** Moderate  
**Address:** 7447 State Highway 16      **Number of Ambulance Vehicles in Fleet:** 0  
Brooks, CA 95637  
**Phone**      **Average Number of Ambulances on Duty**  
**Number:** 530-796-3300      **At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Winters Fire Department      **Response Zone:** High  
**Address:** 700 Main Street      **Number of Ambulance Vehicles in Fleet:** 0  
Winters, CA 95694  
**Phone Number:** 530-795-4131      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** West Plainfield Fire Protection Dist      **Response Zone:** Moderate  
**Address:** 24901 County Road 95      **Number of Ambulance Vehicles in Fleet:** 0  
Davis, CA 95616  
**Phone Number:** 530-756-0212      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County     **Provider:** Clarksburg Fire Protection District     **Response Zone:** Moderate/Mod-Low  
**Address:** 52902 Clarksburg Road  
Clarksburg, CA 95612  
**Phone Number:** 916-744-1700     **Number of Ambulance Vehicles in Fleet:** 0  
**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div> <input type="checkbox"/> Transport   <input type="checkbox"/> ALS   <input checked="" type="checkbox"/> 9-1-1   <input type="checkbox"/> Ground         </div> <div> <input checked="" type="checkbox"/> Non-Transport   <input checked="" type="checkbox"/> BLS   <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air         </div> <div> <input type="checkbox"/> CCT   <input type="checkbox"/> Water         </div> <div> <input type="checkbox"/> IFT         </div>
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing  <b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Elkhorn Fire District      **Response Zone:** Moderate

**Address:** 19756 Old River Road      **Number of Ambulance Vehicles in Fleet:** 0  
West Sacramento, CA 95691

**Phone Number:** 916-425-1766      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div> <input type="checkbox"/> Transport    <input type="checkbox"/> ALS    <input checked="" type="checkbox"/> 9-1-1    <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input checked="" type="checkbox"/> BLS    <input type="checkbox"/> 7-Digit    <input type="checkbox"/> Air  <input type="checkbox"/> CCT    <input type="checkbox"/> IFT    <input type="checkbox"/> Water         </div>	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**Air Ambulance Services**

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County      Provider: Woodland Fire Department      Response Zone: High

Address:      532 Court Street      Number of Ambulance Vehicles in Fleet:      0  
Woodland, CA 95695

Phone      530-661-5860      Average Number of Ambulances on Duty  
Number:      At 12:00 p.m. (noon) on Any Given Day:      0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: City of West Sacramento Fire Dept. Response Zone: High

Address: 1110 West Capitol Ave. Number of Ambulance Vehicles in Fleet: 0  
West Sacramento, CA 95691

Phone Number: 916-617-4608 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: CalFire Sonoma-Lake-Napa Unit Response Zone: Moderate

Address: 14023 Highway 16 Number of Ambulance Vehicles in Fleet: 0  
Brooks, CA 95606

Phone Number: 530-796-3506 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** American Medical Response      **Response Zone:** EOC

**Address:** 1041 Fee Drive      **Number of Ambulance Vehicles in Fleet:** 17  
Sacramento, CA

**Phone Number:** 916-563-0615      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

15718	Total number of responses	11505	Total number of transports
14370	Number of emergency responses	812	Number of emergency transports
1348	Number of non-emergency responses	10693	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Yolo County      **Provider:** Sacramento-Valley Ambulance      **Response Zone:** BLS Contracts

**Address:** 6220 Belleau Wood Lane #4  
Sacramento, CA 95822

**Phone Number:** 916-736-2500

**Number of Ambulance Vehicles in Fleet:** 4

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

265	Total number of responses	265	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
265	Number of non-emergency responses	265	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**TABLE 8: response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

<b>County:</b>	Yolo County	<b>Provider:</b>	Medic Ambulance	<b>Response Zone:</b>	BLS IFT
<b>Address:</b>	2349 Lexington Street Sacramento, CA 95815		<b>Number of Ambulance Vehicles in Fleet:</b>		10
<b>Phone Number:</b>	916-564-9011		<b>Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:</b>		7

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Medical Director:</b></u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>System Available 24 Hours:</b></u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Level of Service:</b></u> <div> <input checked="" type="checkbox"/> Transport   <input type="checkbox"/> ALS   <input type="checkbox"/> 9-1-1   <input checked="" type="checkbox"/> Ground         </div> <div> <input type="checkbox"/> Non-Transport   <input checked="" type="checkbox"/> BLS   <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air         </div> <div> <input type="checkbox"/> CCT   <input type="checkbox"/> Water         </div> <div> <input checked="" type="checkbox"/> IFT         </div>
<u><b>Ownership:</b></u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u><b>If Public:</b></u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u><b>If Public:</b></u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<div> <u><b>If Air:</b></u>  <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </div> <div> <u><b>Air Classification:</b></u>  <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </div>

## Transporting Agencies

27	Total number of responses	27	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
27	Number of non-emergency responses	27	Number of non-emergency transports

## Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports







**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: REACH Air Medical Response Zone: Statewide

Address: 6151 Freeport Blvd.  
Sacramento, CA 95822

Phone Number: 916-399-2092

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

68 \_\_\_\_\_ Total number of responses 7 \_\_\_\_\_ Total number of transports  
 68 \_\_\_\_\_ Number of emergency responses 7 \_\_\_\_\_ Number of emergency transports  
 0 \_\_\_\_\_ Number of non-emergency responses 0 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: CALSTAR Response Zone: Statewide

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 12  
McClellan, CA 95652

Phone Number: 916-921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

_____	Total number of transports
_____	Number of emergency transports
_____	Number of non-emergency transports

**Air Ambulance Services**

208	Total number of transports
208	Number of emergency transports
0	Number of non-emergency transports

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Woodland Memorial HospitalAddress: 1207 Fairchild CourtWoodland, CA 95695Telephone Number: 530-406-5900

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Davis Hospital

Address: 2000 Sutter Place

Davis, CA 95616

Telephone Number: 530-756-6440

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>4</sup> EDAP <sup>5</sup>		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

PICU <sup>6</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Medical Center Sacramento Telephone Number: 9168870000

Address: 2825 Capital Ave

Sacramento, CA 95816

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II	<input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u>	<u>Stroke Center:</u>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

**County:** Yolo County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** UC Davis Medical Center

**Address:** 2315 Stockton Blvd.

Sacramento, CA 95817

**Telephone Number:** 916-734-2011

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Burn Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---

<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>	<u><b>Trauma Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u><b>STEMI Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mercy General Hospital

Address: 4001 J Street

Sacramento, CA 95819

Telephone Number: 916-453-4545

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center <sup>10</sup> EDAP <sup>11</sup> PICU <sup>12</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Vacaville  
 Address: 1 Quality Drive  
Vacaville, CA 95688

Telephone Number: 707-624-4000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center <sup>13</sup> EDAP <sup>14</sup> PICU <sup>15</sup>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

# TAB 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: North Bay Medical Center Telephone Number: 707-646-5000

Address: 1200 B Gale Wilson Blvd.

Fairfield, CA 94533

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<u>Pediatric Critical Care Center<sup>1</sup></u>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
EDAP <sup>2</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
PICU <sup>3</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yolo County Reporting Year: 2015

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Onsite Medical</u>		Telephone Number: <u>916-932-2323</u>
Address: <u>638 Cantrill Drive, Suite A-2</u>		
<u>Davis, CA 95616</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>	
Cost of Program:		
Basic: <u>\$1150</u>	Number of students completing training per year:	
Refresher: <u>\$375</u>	Initial training:	<u>125</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>204</u>
	Expiration Date:	<u>2 years</u>
	Number of courses:	
	Initial training:	<u>140</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>26</u>

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: <u>UC Davis Fire Department</u>		Telephone Number: <u>916-342-4537</u>
Address: <u>325 Kleiber Hall Dr.</u>		
<u>Davis, CA</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>	
Cost of Program:		
Basic: <u>\$322</u>	Number of students completing training per year:	
Refresher:	Initial training:	
	Refresher:	
	Continuing Education:	

Expiration Date: \_\_\_\_\_  
 Number of courses: \_\_\_\_\_  
 Initial training: \_\_\_\_\_  
 Refresher: \_\_\_\_\_  
 Continuing Education: \_\_\_\_\_

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCY

County: Yolo County Reporting Year: 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Yolo Emergency Communications Agency		Primary Contact: Karen Avera	
Name:			
Address:	35 N. Cottonwood Woodland, CA		
Telephone Number:	530-666-8900		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Disaster	28 EMD Training EMT-D ALS BLS LALS Other
Ownership:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: ✓ Fire ✓ Law <input type="checkbox"/> Other Explain: _____		

City of Davis		Primary Contact: Jennifer Candelo	
Name:			
Address:	530 5th St Davis, CA		
Telephone Number:	530-757-5681		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
✓ Yes <input type="checkbox"/> No	✓ Yes <input checked="" type="checkbox"/> No	✓ Disaster	EMD Training EMT-D ALS

Ownership:

☐ Public ☐ Private

If Public:

☒ Fire

☒ Law

☐ Other

Explain: \_\_\_\_\_

\_\_\_\_\_ BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other

If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

# TABLE 11: DISPATCH AGENCY

County: Yolo County      Reporting Year: 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

UC Davis - Campus		N/A	
Name:	Primary Contact:		
Address:	One Shield Dr.		
	Davis, CA		
Telephone Number:	530-754-9176		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Disaster	<div> <div> <div>EMD Training</div> <div>_____</div> </div> <div> <div>BLS</div> <div>_____</div> </div> </div> <div> <div>EMT-D</div> <div>_____</div> </div> <div> <div>LALS</div> <div>_____</div> </div> <div> <div>ALS</div> <div>_____</div> </div> <div> <div>Other</div> <div>_____</div> </div>
Ownership:	If Public:	If Public:	If Public:
✓ Public <input type="checkbox"/> Private	<div> <div>Fire</div> <div>✓</div> </div> <div> <div>Law</div> <div>✓</div> </div> <div> <div>Other</div> <div><input type="checkbox"/></div> </div>	<div> <div>Fire</div> <div>✓</div> </div> <div> <div>Law</div> <div>✓</div> </div> <div> <div>Other</div> <div><input type="checkbox"/></div> </div>	<div> <div>Fire District</div> <div><input type="checkbox"/></div> </div> <div> <div>State</div> <div>✓</div> </div> <div> <div>County</div> <div><input type="checkbox"/></div> </div> <div> <div>City</div> <div><input type="checkbox"/></div> </div>
Explain: _____			

American Medical Response		Rich Silva	
Name:	Primary Contact:		
Address:	1041 Fee Dr.		
	Sacramento, CA		
Telephone Number:	800-913-9112		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
✓ Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Disaster	<div> <div> <div>EMD Training</div> <div>63</div> </div> <div> <div>BLS</div> <div>_____</div> </div> </div> <div> <div>EMT-D</div> <div>_____</div> </div> <div> <div>LALS</div> <div>_____</div> </div> <div> <div>ALS</div> <div>_____</div> </div> <div> <div>Other</div> <div>_____</div> </div>
Ownership:	If Public:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<div> <div>Fire</div> <div><input type="checkbox"/></div> </div> <div> <div>Law</div> <div><input type="checkbox"/></div> </div> <div> <div>Other</div> <div><input type="checkbox"/></div> </div>	<div> <div>Fire</div> <div><input type="checkbox"/></div> </div> <div> <div>Law</div> <div><input type="checkbox"/></div> </div> <div> <div>Other</div> <div><input type="checkbox"/></div> </div>	<div> <div>Fire District</div> <div><input type="checkbox"/></div> </div> <div> <div>State</div> <div><input type="checkbox"/></div> </div> <div> <div>County</div> <div><input type="checkbox"/></div> </div> <div> <div>City</div> <div><input type="checkbox"/></div> </div>
Explain: _____			



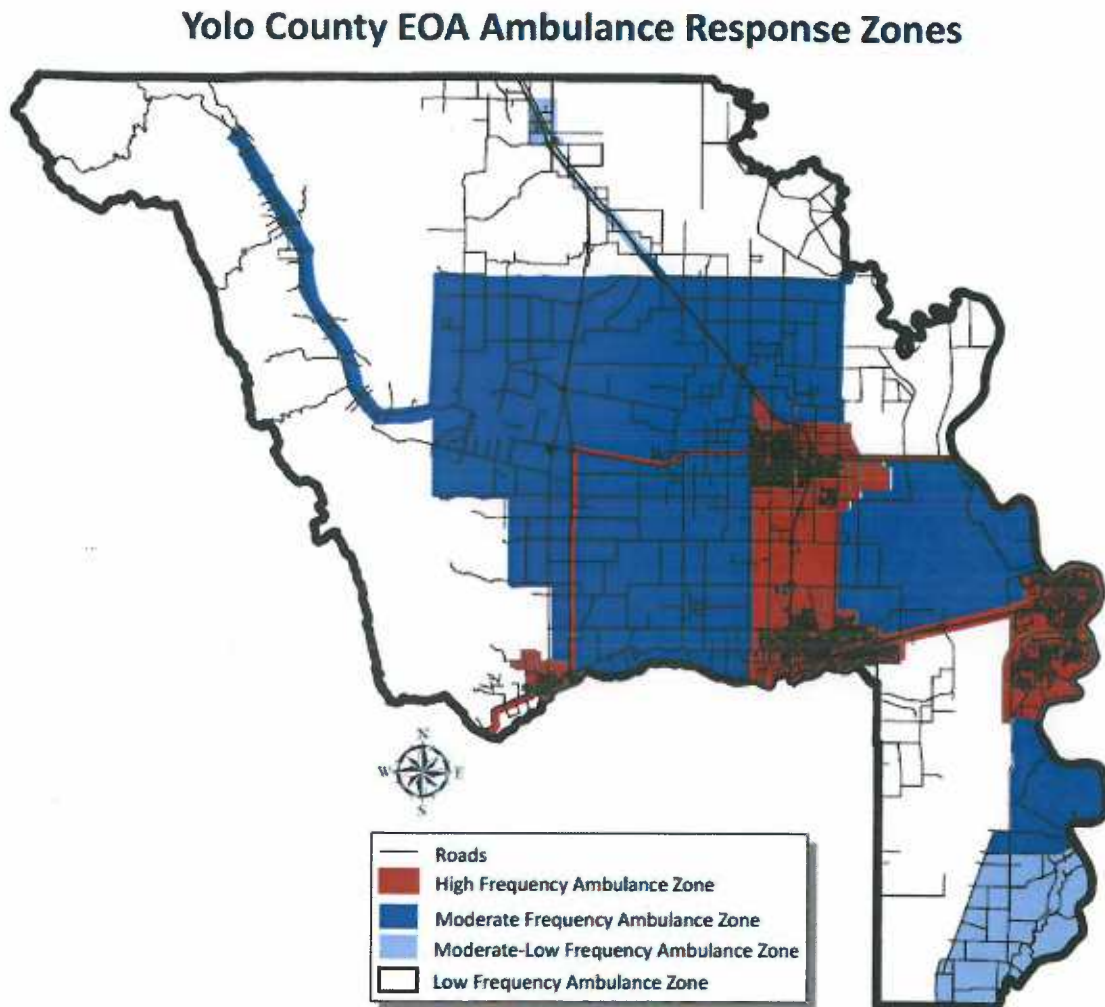
## AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

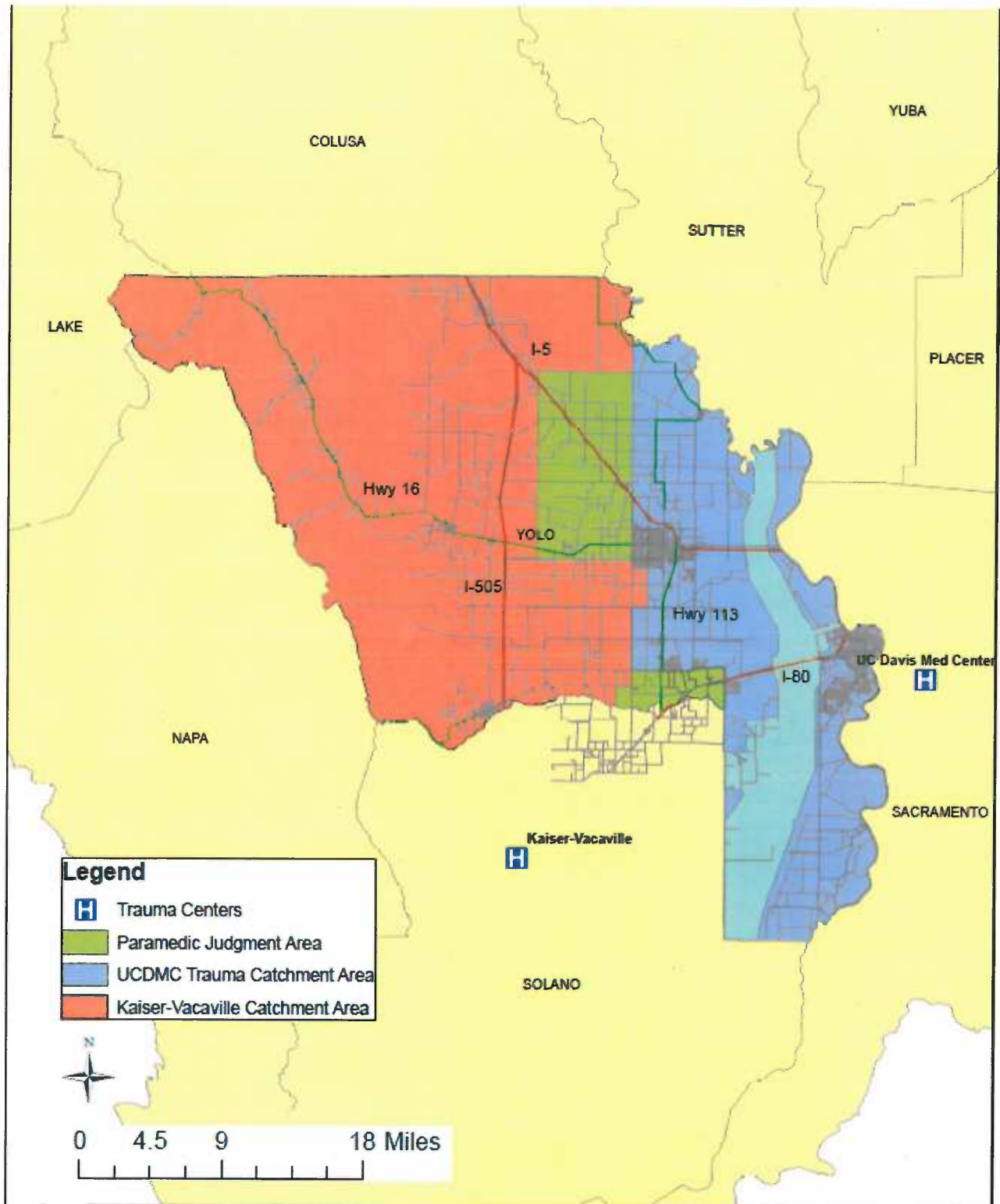
<b>Local EMS Agency or County Name:</b> Yolo County EMS Agency (YEMSA)
<b>Area or subarea (Zone) Name or Title:</b> Yolo County
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> American Medical Response
<b>Area or subarea (Zone) Geographic Description:</b> Yolo County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive Operating Area as of March 1, 2014
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity 9-1-1 Ambulance, ALS Interfacility, and CCT Interfacility.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  RFP was issued on July 1, 2013. Deadline for written questions July 12, 2013. Proposal conference August 2, 2013. Proposals due September 6, 2013. Proposal review period September 9 <sup>th</sup> 2013 – October 4 <sup>th</sup> , 2013. Notice of intent to award October 25 <sup>th</sup> , 2013. Negotiation period was October 28 <sup>th</sup> , 2013 – December 31, 2013. Protest deadline November 1, 2013. Agreement, implementation March 1, 2014.  Attached copy of the competitive process.

## MAPS

### YOLO COUNTY EOA AMBULANCE RESPONSE ZONES

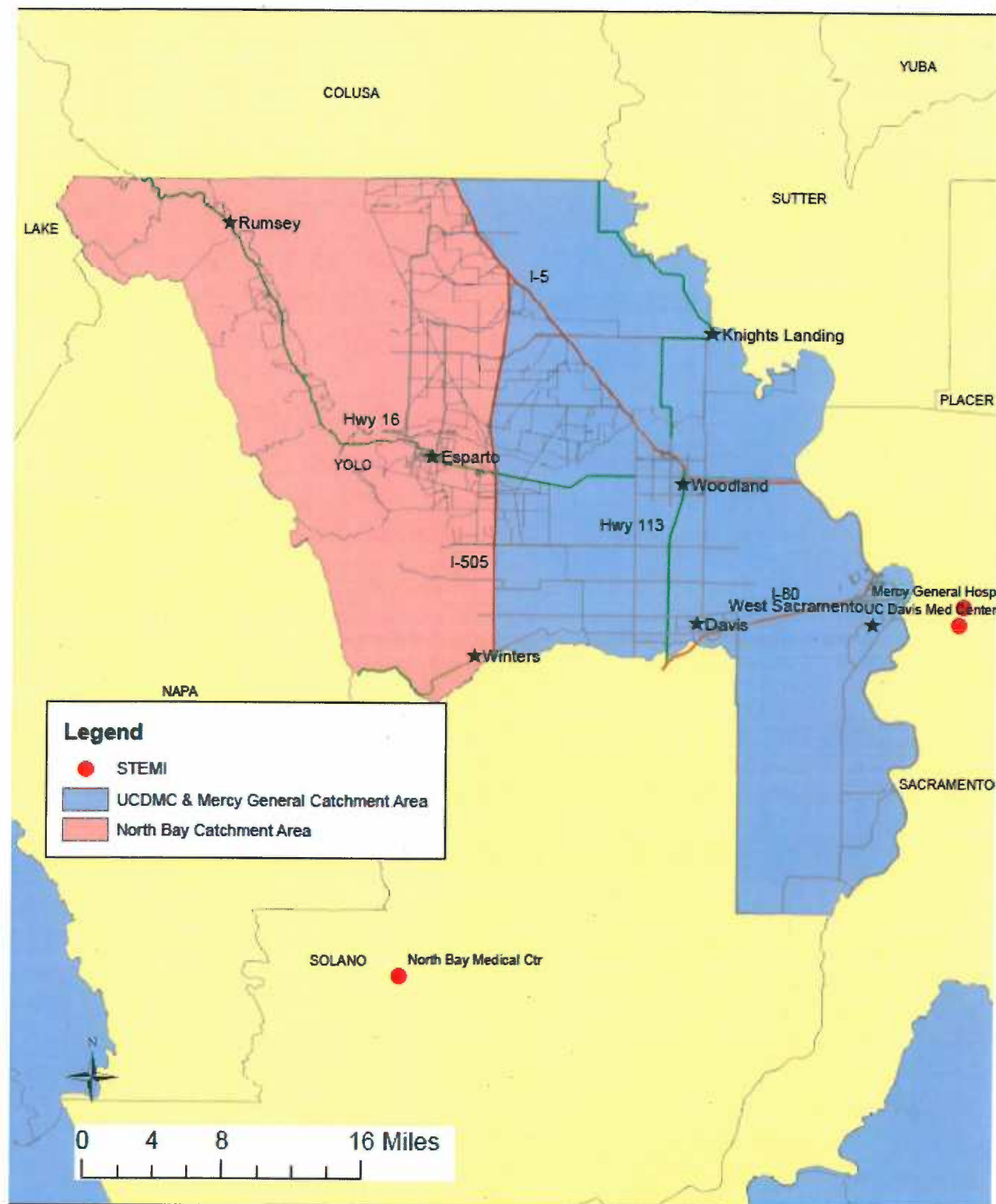


## YOLO COUNTY TRAUMA CATCHMENT AREA



November 2013

# YOLO COUNTY STEMI CATCHMENT AREAS



November 2013